MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03753

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt.Wilson
LENGTH OF STAY (in this place) 1 yr. 10 mos. 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson State Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City.
STREET ADDRESS (If rural, give location) 222 S. Clinton Street

3. NAME OF DECEASED (Type or Print): (First) Pietro (Middle) --- (Last) Accorsi
4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/4/1892
9. AGE last birthday: 58 yrs. If under 1 year: Months. — Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? Unknown
13. FATHER'S NAME: Anthony Accorsi
14. MOTHER'S MAIDEN NAME: Carrie DeMarco
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 216-07-6940
17. INFORMANT: Pietro Accorsi

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aortic Anneurysm (syphilitic)	7 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: No operation
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1948, to 4/4/, 1950, that I last saw the deceased alive on 4/4/, 1950, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Elmer P. Sauer M.D. Medical Director Mt.Wilson, Md. 4/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4/8/50
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
LOCATION (City, town, or county) (State): 7225 Eastern Ave., Balto City

DATE REC'D BY LOCAL REG. 4/4/50
REGISTRAR'S SIGNATURE: Helen R. Mayer
24. FUNERAL DIRECTOR: Wendell J.Dippel, ADDRESS 312 S.Highland Ave. Balto., Md.

3484

RECEIVED
APR 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03754

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (In this place) 15 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Fat. Pleasant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 4923 Palmer Ave.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) (Last) Ackerman

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 15 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser - Clothing

10b. KIND OF BUSINESS OR INDUSTRY: Mfg. Plant

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Abraham Ackerman

14. MOTHER'S MAIDEN NAME: Rose Pyett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Fannie Ackerman (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1 Immediate cause (a) Myocardial Failure

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart Failure — Interval Between Onset and Death: 2 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 45 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1949, to April 5, 1950, that I last saw the deceased alive on April 5, 1950, and that death occurred at 5 50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. Rudner M.D. ADDRESS Reisterstown, Md. DATE SIGNED 4/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE: April 6, 1950

NAME OF CEMETERY OR CREMATORY: Workmen Circle Cemetery

LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. April 5-50

REGISTRAR'S SIGNATURE: A W. Hedrich

24. FUNERAL DIRECTOR: Sol Levinson & Bros ADDRESS: 1126 W North Ave

44806

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Evidence for addition in #18 shown on:

63755

Reg. Dist. No. 45

FUM No. G 125 APR 25 1950

1. PLACE OF DEATH: COUNTY Baltimore County; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Right Elevator Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa Parkton; STREET ADDRESS (If rural, give location) 16 Right Elevator Road R.1

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) M (Last) ADAMS

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct 3, 1862

9. AGE last birthday: 87 yrs. If under 1 year: Months 6 Days 11 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Adams

14. MOTHER'S MAIDEN NAME: Caroline Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart Failure	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility.	10 years
420.1 94a	(c) Possibility of Arteriosclerosis of the Coronary vessels with a sudden coronary occlusion.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none. (4-25-50 - ams)

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1950, to April 14, 1950, that I last saw the deceased alive on April 4, 1950, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irving R Beck M.D 901 Fuselage Ave Baltimore 20 Md April 15, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/17/50

NAME OF CEMETERY OR CREMATORY: Pine Grove

LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 4/17/50

REGISTRAR'S SIGNATURE: A. W. Hedgin

24. FUNERAL DIRECTOR ADDRESS: Wathom & Sons Inc 1211 E Coul St

98899

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#3756

Reg. Dist. No. 60

1. PLACE OF DEATH
COUNTY Balto Co — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	Richard I	Allen	April	23	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M.	W	Single	Aug 20-1925	24 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard F. L. Allen	Julia Gallagher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Sebastian Raffl Kingsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

751X **Immediate cause** (a) Paraplegia — 9 yrs

157d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malformation of 3rd & 4th L lumbar vertebra

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1941, 1945	Pressure on spinal cord from (b) above	Yes ☐ No ☐

21. ACCIDENT? SUICIDE? HOMICIDE? (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1949, to April, 1950, that I last saw the deceased alive on April 22, 1950, and that death occurred at 1:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ted O Hodous	M.D.	Edgewood Md	4-23-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 25-50	St. Johns	Kingsville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 24-50	C. E. Arthur D.F.R.	C. E. Arthur	Fork Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS-A15

RECEIVED
APR 29 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

13757

CERTIFICATE OF DEATH

PC Reg. Dist. No. 30

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY	Baltimore MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Catonsville	LENGTH OF STAY (in this place) 6 yrs., 11 mths. 2 days
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Spring Grove State Hospital	STREET ADDRESS (If rural, give location) 2630 Edmondson Avenue ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARIE		AMLAND	April	17,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Aug. 14, 1851 Unknown	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Domestic	Norway	?

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sebert Anderson	Marie (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	None	Spring Grove Hospital Records, Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Arteriosclerotic cardiovascular disease.	
4224 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 934 (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 15, 1943, to April 16, 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George G. Merrill MD	Spring Grove State Hospital	4/17/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-19-50	Freedom Park	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-17-50		Howard H Hustead	2503 Edmondson Ave

52086

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03758

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 179 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location): R.F.D. # 2 Box 407

3. NAME OF DECEASED (Type or Print)	(First) ERNEST	(Middle) R.	(Last) ANDERSON	4. DATE OF DEATH	(Month) April	(Day) 24,	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 9-20-1927	9. AGE last birthday: 22 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Attendant	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Annapolis, Maryland			12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Amos Anderson			14. MOTHER'S MAIDEN NAME: Nettie Little				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-II		16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis, bilateral, far advanced	Approx. 9 Months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Decubitus Ulcers of Hips	1 Month

002x

13b

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 10-27-1949, to 4-24-, 1950, [redacted] death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Padget PAUL PADGET, M. D.		VAH, FT. HOWARD, MD.	4-25-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 28/50	Broadneck Cemetery	St. Margarets, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/26/50	A. W. Hedrick	J. B. Johnson, Annapolis, Maryland

74099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

BC 03759

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Opitz Home, Edmondson Ave. & Nunnery Lane

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: ~~Baltimore~~

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No.: 1235 W. Baltimore St. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Dr. James H. Baker

3.(b) Social Security Number:

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Blanche Schlosser Baker

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 1871

8. AGE: Years 78 | Months 6 | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: N.C. (Town, county, and state)

10. Usual occupation: Retired Physician & Dentist

11. Industry or business

FATHER
12. Name: Baker
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Miss Betty M. Baker

Address: 6100 Frederick Rd. Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4/29/50 (month) (day) (year)

Cemetery or crematory: Meadowridge Memorial Pk.

Location: Dorsey, Md.

18. Funeral director: Harry H. Witzke

Address: 4101 Edmondson Ave.

19. 4/28 1950 (Date rec'd by registrar) A.W. Hefrich Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 26/50 19..., at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from APRIL, 26 1950, to April, 27 1950 and that I last saw him alive on April, 26, 1950.

Immediate cause of death: MYOCARDIAL DEGENERATION WITH FAILURE — DURATION: 1 YEAR

Due to:

Due to:

Other conditions: SENILITY

4222

93d

(Include pregnancy within 3 months of death)

Major findings of operations: 0

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work?

23. SIGNATURE: S. Lloyd Johnson M. D. or other

Address: Catonsville, Md. Date signed: 4/27/50

V3292

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

63760

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (In this place) 40 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Bond Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location) Bond Ave.

3. NAME OF DECEASED (Type or Print): (First) Turner; (Middle) A.; (Last) Baltimore

4. DATE OF DEATH: (Month) (Day) (Year) April 1, 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 27, 1863

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker

10b. KIND OF BUSINESS OR INDUSTRY: Private home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Norman Baltimore, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 1 day

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1949, to Febr. 26, 1950, that I last saw the deceased alive on 2-26-, 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.

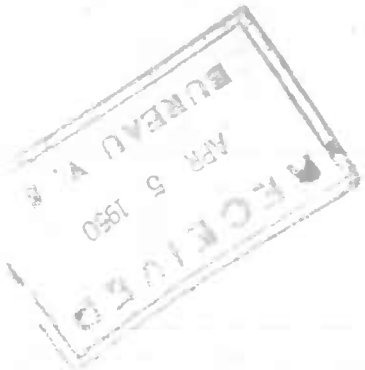
SIGNATURE (Degree or title) J. Walter Landon M.D. ADDRESS Reisterstown, Md. DATE SIGNED 4-2-1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: April 5, 1950; NAME OF CEMETERY OR CREMATORY: St. Lukes; LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG. 4-2-50; REGISTRAR'S SIGNATURE Mary D. Eline

24. FUNERAL DIRECTOR ADDRESS: J. F. Eline & Sons, Reisterstown, Md.

74086


RECEIVED
APR 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03761

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8215 OLD HARFORD RD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 8215 OLD HARFORD ROAD.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MORRIS	WILLIAM	BARRETT SR	APRIL	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	NOV 3 1888	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BARTENDER - Lounge	RETIRED	BALTIMORE COUNTY	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD BARRETT	NELLIE MORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO —	214-14-4187	MARGARET BARRETT 8215 OLD HARFORD RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	5 MIN.
420.1 Antecedent cause(s)		
130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic CVD	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary tbc.	14?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 1, 1950, to April 14 1950, that I last saw the deceased alive on April 14, 1950, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harold A. Grott, M.D.	8100 Harford Rd.	4/15/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	APRIL 17-50	MORELAND PARK CEM.	TAYLOR AVE	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/17/50	A. W. Fedrick	Diffel Bros	7110 BELAIR ROAD.

8

7071

DR H A GROTT 5100 HARFORD RD

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03762

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH — COUNTY: BALTO. CO. — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HALETHROPE — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5565 OREGON AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: BALTO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HALETHROPE
STREET ADDRESS (If rural, give location): 5565 OREGON AVE.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ANNA MARIE BETZ
4. DATE OF DEATH (Month) (Day) (Year): 4/25/50 19

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 10/12/1872
9. AGE last birthday: 77 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ~~JOHN B. KOCH~~ Peter Ehrenreich
14. MOTHER'S MAIDEN NAME: ANNA KOCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Ernest P. Betz - Halethrope

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 8 days

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 3 yr.

(c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept, 1949, to Apr 25, 1950, that I last saw the deceased alive on Apr 24, 1950, and that death occurred at 5:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. B. Larson M.D. — ADDRESS: 1711 Selma Av. — DATE SIGNED: 4/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4/28/50 — NAME OF CEMETERY OR CREMATORY: Good Shepard — LOCATION (City, town, or county) (State): Howard Co. Md.

DATE REC'D BY LOCAL REG.: April 1950 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Mac Nabb & Son — ADDRESS:

RECEIVED
MAY 2 1950
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03763

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — LENGTH OF STAY (In this place) 7 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 W. CHESAPEAKE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 201 W. CHESAPEAKE AVE

3. NAME OF DECEASED (Type or Print): (First) K. (Middle) ELIZABETH (Last) BISHOP

4. DATE OF DEATH: (Month) 4 - (Day) 11 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 5, 1875

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENN.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: MATT WEISS

14. MOTHER'S MAIDEN NAME: ANNA SHAURMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: MRS. A. M. COCKEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	5 yrs.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	?
63b	(c) Hyperthyroidism - Fractured Lt. Femur	6 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis deformans — 10 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1938, to 4-11-, 1950, that I last saw the deceased alive on 4-11-, 1950 and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE Robert H. Lowe (Degree or title) M.D. ADDRESS 3105 N. Charles St. DATE SIGNED 4-12-50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF 4-15-1950 — NAME OF CEMETERY OR CREMATORY: HOMEWOOD — LOCATION (City, town, or county): PITTSBURGH (State): PA.

DATE REC'D BY LOCAL REG. 4-12-50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: HENRY W. JENKINS & SONS — ADDRESS 4905 YORK RD

VS. A15

R.H. SIVER
3105 N. CHARLES

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03764

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rustic Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural give location) Rustic Ave.

3. NAME OF DECEASED (Type or Print) (First) SUSAN (Middle) ANNA (Last) Bossom
4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 13th '45
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (State or foreign country) Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Carlton Johnson
14. MOTHER'S MAIDEN NAME Ruth Bossom
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Carlton Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
916.0	Immediate cause	(a) Shock, due to 3rd degree burns of	
180	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Entire Body	1 hr.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Rosedale (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) 4 (Day) 19 (Year) 50 (Hour) 3:00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Burned to death in Home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD (Degree or title) Dep. Med. Exam. ADDRESS Dundalk. Md DATE SIGNED 4/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/20/50
NAME OF CEMETERY OR CREMATORY Parkwood Cem.
LOCATION (City, town, or county) Balto. Md (State)
DATE REC'D BY LOCAL REG. 4/20/50
REGISTRAR'S SIGNATURE A.W. Bedrick
24. FUNERAL DIRECTOR Lassalm Funeral Home ADDRESS 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

13765

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown | LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown.
STREET ADDRESS (If rural, give location) Liberty Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Bowen

4. DATE OF DEATH: (Month) Apr. (Day) 25 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Oct. 12 1850

9. AGE last birthday: 99 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming - Rented a

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bowen

14. MOTHER'S MAIDEN NAME: Catherine Beard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): Spanish Am. War

16. SOCIAL SECURITY NO.: none.

17. INFORMANT AND ADDRESS: Mrs. Adam Klohr Randallstown MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Cerebral hemorrhage	3 weeks
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15/50, to 4/25/50, that I last saw the deceased alive on 4/24/50, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: Wm. E. Martin | (Degree or title) M. D. | ADDRESS Randallstown, Md | DATE SIGNED 4/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 4-28-1950 | NAME OF CEMETERY OR CREMATORY Carroll's Chapel M.E. Church | LOCATION (City, town, or county) Chestnut Ridge | (State) MD

DATE REC'D BY LOCAL REG. 4/26/50 | REGISTRAR'S SIGNATURE Wm. E. Martin | 24. FUNERAL DIRECTOR J. Howard Strong | ADDRESS 3207 W. North Ave.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH · COUNTY Baltimore Md. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6909 Railway Ave	STREET ADDRESS (If rural, give location) 6909 Railway Ave

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) (Last) Boyko			4. DATE OF DEATH (Month) April (Day) 21 (Year) 1950		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 27, 1900	9. AGE last birthday 49 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender	10b. KIND OF BUSINESS OR INDUSTRY Liquor		11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes ✓ (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 220-63-1323		17. INFORMANT AND ADDRESS Mrs Anna Boyko. Same		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Sudden
415 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic C. V. Disease	5 yrs
93c	(c) Auricular Fibrillation c̄ Failure	5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Apr 16, 1950, to Apr 21, 1950, that I last saw the deceased alive on April 19, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen C. Mochowiak	M. D.	6714 Holabird Ave	4/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/24/50	NAME OF CEMETERY OR CREMATORY Balto, National	LOCATION (City, town, or county) Frederick Ave Balto (State) Md
DATE REC'D BY LOCAL REG. 4/21/50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Mildred T. Blight	ADDRESS 6909 Harford Rd

71071

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03767

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5106 BENSON AVE

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND — COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
STREET ADDRESS (If rural give location): 5106 BENSON AVE

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) O. (Last) BOYLE

4. DATE OF DEATH: (Month) APRIL (Day) 7 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Oct 19-1873

9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOILER MAKER (RET.)

10b. KIND OF BUSINESS OR INDUSTRY: B&O. R.R

11. BIRTHPLACE (State or foreign country): BALTIMORE Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MICHAEL BOYLE

14. MOTHER'S MAIDEN NAME: MARY COSGROVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.

17. INFORMANT: MICHAEL F. BOYLE 5106 BENSON AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X Immediate cause (a) Carcinoma Prostate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malignant Cachexia

51A (c)

INTERVAL BETWEEN ONSET AND DEATH: Jan 10 - 1949

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓ | (CITY OR TOWN) ✓ | (COUNTY) — | (STATE) ✓

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓ | INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓ | HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Apr 6, 1950, to Apr 7, 1950, that I last saw the deceased alive on Apr 6, 1950, and that death occurred at 2-10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Julius A. Tudor, Jr. M.D. | ADDRESS: 2129 Dollar Grove Rd | DATE SIGNED: 4/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/10/50 | NAME OF CEMETERY OR CREMATORY: St Peters Cem | LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REG.: April 8. 1950 | REGISTRAR'S SIGNATURE: R.W. | 24. FUNERAL DIRECTOR: Joff & S.M. Walter | ADDRESS: Ellicott City

30447

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03768

CERTIFICATE OF DEATH BC

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (In this place) 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 624 Allendale Street

3. NAME OF DECEASED (Type or Print): (First) CHRISTOPHER (Middle) J. (Last) BREIVOGEL

4. DATE OF DEATH: (Month) April (Day) 27, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-16-75

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired City Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Fireman

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Breivogel

14. MOTHER'S MAIDEN NAME: Barbara Dollinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac dilatation and hypertrophy	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerosis with occlusion and old infarction	Unknown
	(c) Pulmonary emphysema	Unknown

420.1

95c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19- , 1950 , to 4-27- , 1950 , that I last saw the deceased alive on [redacted] death occurred at 8:45 A. m., from the causes and on the date stated above.

SIGNATURE: Irving Freeman
IRVING FREEMAN, M.D. (Degree or title)

ADDRESS: VAH, Ft. Howard, Md.

DATE SIGNED: 4-27-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: May 1950

NAME OF CEMETERY OR CREMATORY: Louden Park Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 4/28/50

REGISTRAR'S SIGNATURE: C.W. Heinrich

24. FUNERAL DIRECTOR: Witzke Funeral Home, 4101 Edmondson Ave. Balto., Md.

ADDRESS

60098

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03769

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 745 W. Franklin Street

3. NAME OF DECEASED (Type or Print): (First) REUBEN (Middle) (Last) BRITTON

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-15-1897

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Geipe Moving & Storage

11. BIRTHPLACE (State or foreign country): Ladys Manor, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Archie Britton

14. MOTHER'S MAIDEN NAME: Nellie Jarrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) VOLVULUS — SUDDEN

570.3

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

122b

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 4-1-, 1950, to 4-4-, 1950, ~~that I last saw the deceased alive on~~, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. MANAUGH, M.D. Chief Pro. Services VAH,Ft.Howard, Md. 4-4-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-7-50

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: April 6-1950

REGISTRAR'S SIGNATURE: A. W. Bedner

24. FUNERAL DIRECTOR ADDRESS: Charles R. Law, 802 Madison Ave.,Balto.,Md.

42052

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03770

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 42 Admiral Bulvd.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location) 42 Admiral Blvd.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Howard (Last) Burns.
4. DATE OF DEATH (Month) April (Day) 14 (Year) 50

5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 3/1871
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beth Steel Co Machinist
10b. KIND OF BUSINESS OR INDUSTRY Retired.
11. BIRTHPLACE (State or foreign country) White Hall. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Burns
14. MOTHER'S MAIDEN NAME Georgina Ensor.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) No
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Mrs. J. H. Burns.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Immediate.

420.1
94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 4 14 50 5 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. M. Carmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 4/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 17 APRIL, 1950
NAME OF CEMETERY OR CREMATORY WISEBURG CEM.
LOCATION (City, town, or county) WISEBURG, BALTO. CO. (State) Md.

DATE REC'D BY LOCAL REG. 4-17-50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Walter Brooks Bradley, Dundalk, Md. ADDRESS

32629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

1950 - 4 - 14
1871 - 1 - 3
79 3 11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03771

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 17 Harrison Ave

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River
STREET ADDRESS (If rural give location): 17 Harrison Ave

3. NAME OF DECEASED (Type or Print): (First) Theresa (Middle) Caluori (Last)

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 29 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months 3 Days 25 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Lucca Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francesco Bernardini

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Vincent A. Caluori (17 Harrison Ave Midd. River

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Carcinomatosis — 2 months

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchio-genic Carcinoma — 20 months

47c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14/50, 19..., to 4/24/50, 19..., that I last saw the deceased alive on 4/23/50, 19..., and that death occurred at 12.45 A m., from the causes and on the date stated above.

SIGNATURE: Joseph Quick (Degree or title) MD ADDRESS: 422 Eastern Ave Baltimore 21, Md DATE SIGNED: 4/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 27 1950 — NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem — LOCATION (City, town, or county) (State): Fernvale Hill Rd

DATE REC'D BY LOCAL REG.: 4/25/50 — REGISTRAR'S SIGNATURE: R. W. Hedrick

24. FUNERAL DIRECTOR: Grant D. Dellarocco — ADDRESS: 322 S. High St.

03772

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Wash. Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) Old Wash. Rd

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Attee (Last) Calvert
4. DATE OF DEATH (Month) April (Day) 15 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 1 1898
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William H. Calvert
14. MOTHER'S MAIDEN NAME Victoria Lopez
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Bernice Calvert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Acute cardiac failure

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo. M. Kieffer Jr. (Degree or title) Deep Med Exam Balto Co ADDRESS 1010 Leadenhall DATE SIGNED 4-15-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 4/18/50
NAME OF CEMETERY OR CREMATORY CEDAR HILL
LOCATION (City, town, or county) (State) RITCHIE HIGHWAY
DATE REC'D BY LOCAL REG. 4/17/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR JOHN F. DENNY Inc ADDRESS 715 LIGHT ST.

308 V 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03773

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Idlewile
LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Armacost Nursing Home 812 Regester Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 821 E. 33rd. St

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Medairy (Last) Chappell

4. DATE OF DEATH: (Month) (Day) (Year): April-10-1950

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 28-1881

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Dentist

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Philip Edmund Chappell

14. MOTHER'S MAIDEN NAME: Rachael Medairy Chappell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Miss Anna Chappell 1005 Argone Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	20 min
Antecedent cause(s)	(b) Arterio Sclerosis Hypertension Myocarditis	Gradual
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1935, to April 10, 1950 that I last saw the deceased alive on April 9, 1950, and that death occurred at 7 50 P.M., from the causes and on the date stated above.

SIGNATURE: W H Roody (Degree or title) ADDRESS: 1403 Park ave Baltimore Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: April 12-50

NAME OF CEMETERY OR CREMATORY: Mt Olivet

LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG.: 4/11/50

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: [illegible] ADDRESS: 2224 N. Charles St

23692

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03774

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 124 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - 19
STREET ADDRESS (If rural, give location) 2402 Manning Avenue

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) (Last) CLARK, JR.
4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	1-7-1870	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steel Worker	Steel Business	Mechanisville, N.Y.	USA

13. FATHER'S NAME: Joseph Clark
14. MOTHER'S MAIDEN NAME: Catherine Nagles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes WW-I	215-09-2162	Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 X **Immediate cause** (a) PULMONARY TUBERCULOSIS, BILATERAL FAR ADVANCED — 1 Month plus.

13b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
VA m.		

22. I hereby certify that I attended the deceased from 10-31-, 1949, to 4-4-, 1950, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 3:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D. Chief Pro/ Services	VAH, Ft. Howard, Md.	4-4-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/7/50	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/7/50	C.M. Bacon	Howard Blight Funeral Home, Balto., Md.

Miedred T. Blight 6009 Harford Rd

RECEIVED
APR 12 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6375

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place) 28 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Hawthorne

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) 20 Hawthorne Ave

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) Barbara (Last) Cooper

4. DATE OF DEATH: (Month) 4 (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6/6/1870

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wise

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mary Krysiak - 20 Hawthorne Ave Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 4 years

443 x 930 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis - Arterial Hypertension — 3 years

(c) Senility —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis — 3 years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1950, to April 16, 1950 that I last saw the deceased alive on April 16, 1950, and that death occurred at 930 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr E E Nichols — ADDRESS: Pikesville 8 Md — DATE SIGNED: 4-17-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/20/50 — NAME OF CEMETERY OR CREMATORY: St. Stanislaus — LOCATION (City, town, or county) (State): Dundalk ave. Balto. Md

DATE REC'D BY LOCAL REG.: 4-17-50 — REGISTRAR'S SIGNATURE: Dr E E Nichols

24. FUNERAL DIRECTOR: Frank H. Jewell. — ADDRESS: Pikesville, Md

RECEIVED
APR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03776

CERTIFICATE OF DEATH BC

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 1 Day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location): 2311 Bryant Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
AARON		COPELAND	April 4, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	5-17-1890	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Welder		Switzerland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Israel Copeland	Esther (MN Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes WW-I	Unknown	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 **Immediate cause**	(a) MYOCARDIAL FAILURE	UNKNOWN
940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) MYOCARDIAL INFARCT	UNKNOWN
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-3-, 1950, to 4-4-, 1950, ~~that I last saw the deceased alive on ..., 19...~~ and that death occurred at 5:45 A.m., from the causes and on the date stated above.

VA

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Services VAH, Ft.Howard, Md.	4-4-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-5-50	Aitz Chayim Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 5 50	A. W. Hedrick	Jack Lewis	2100 Eutaw Balto. Md.

49635

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03777

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LANSDOWNE; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 AMERICAN AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LANSDOWNE
STREET ADDRESS (If rural, give location) 117 AMERICAN AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MINNIE	AUGUSTA.	DALEY	4	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	WIDOWED	NOV. 19, 1877	~~Husband~~ 72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: AUGUST YOUNKER
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MR. ALBERT JOHN SEIFERT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	6 hours
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	15 yrs?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/15/50, 19....., to 4/16/50, 19....., that I last saw the deceased alive on 4/16/50, 19....., and that death occurred at 6 00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur Rossberg M.D		2411 Washington Blvd-30	4/17/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county; State)
BURIAL	4/19/50	MT. OLIVET	BALTIMORE CO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/17/50	A. W. Hedrick	JOHN F. DENNY, INC	715 LIGHT ST.

LOUDON PARK

Dr Rosberg

10 - 11:30 AM

7 - 9 PM

NO HOURS - THURS + SUN

2411 WASH BLVD. - GI 0289

WI 3288

MARYLAND STATE DEPARTMENT OF HEALTH

03778

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Catons. | LENGTH OF STAY (In this place) 38 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5931 Carroll Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Catonsville - Balto. 7
STREET ADDRESS (If rural give location) 5931 Carroll Ave.

3. NAME OF DECEASED (Type or Print): (First) BERTIE (Middle) H. (Last) DANIELS

4. DATE OF DEATH: (Month) Apr. (Day) 26, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/15/85

9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Shenk

14. MOTHER'S MAIDEN NAME: Mollie Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Willard E. Daniels

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic Ca of Brain	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ca of Uterus.	2 yr.
	(c)	

174 x
48 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12, 1948, to 4/26, 1950, that I last saw the deceased alive on 4/25, 1950, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Wilmer K. Gallagher M.D. | Catonsville 6-28, Md. | 4-27-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/29/50 | NAME OF CEMETERY OR CREMATORY: Good Shepherd | LOCATION (City, town, or county) (State): Ellicott City Md.

DATE REC'D BY LOCAL REG. 4/29/50 | REGISTRAR'S SIGNATURE: V E. Harris | 24. FUNERAL DIRECTOR: Easton Sons | ADDRESS: Ellicott City Md.

RECEIVED
MAY 1 1950
BUREAU F. S.

1

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03779

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY 5313 Edmondson Ave MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore County — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5313 Edmondson Ave	STREET ADDRESS (If rural give location) 2700 Violet Ave

3. NAME OF DECEASED (Type or Print) (First) Rachel (Middle) Dawe (Last)

4. DATE OF DEATH (Month) April (Day) 10 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widow	April 7,1882	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		England	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nathan Isaacs	Louise Lyons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Joseph Henriques 2700 Violet Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemorrhage — 2 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1950, to 4-10, 1950, that I last saw the deceased alive on 4-10, 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James Stowell — ADDRESS Catonsville — DATE SIGNED 4-10-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 11,1950	Hebrew Friendship Cemetery	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/10/50	H. W. Hedrich DM	Sol Levinson & Bros 1126 W North Ave

52086

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03780

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 W Overlea Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 8 W. Overlea Ave

3. NAME OF DECEASED (Type or Print) (First) Luciano (Middle) Dell'Acqua (Last)
4. DATE OF DEATH (Month) April (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 18/1893
9. AGE last birthday 56 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Maker.
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Dell'Acqua
14. MOTHER'S MAIDEN NAME Mary Gruenkolla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Angeline Dell Acqua 8 W Overlea Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio-sclerotic cardiovascular	
443 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) disease; hypertension	3 yrs.
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecolithiasis — 6 mo.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 1939, to April, 1950, that I last saw the deceased alive on 4-7, 1950, and that death occurred at 3:58 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Homer Moores MD
ADDRESS 3105 Belair Rd.
DATE SIGNED 4-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April-11-50
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 4/10/50
REGISTRAR'S SIGNATURE Rev. Redrick DM
24. FUNERAL DIRECTOR Nippel Bros. 7110 Belair Rd.
ADDRESS

49699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

03781

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 301-W-Chesapeake Av

3. NAME OF DECEASED (Type or Print) (First) Arline (Middle) Reese (Last) Dickey
4. DATE OF DEATH (Month) Apr. (Day) 30 (Year) 1950

5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 13 1874
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew Reese
14. MOTHER'S MAIDEN NAME Laura Horn Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. NONE
17. INFORMANT Mrs Arline R Dickey - Lutherville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
350 x Immediate cause	(a) Pulmonary Embolism	—
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Artero-sclerotic C-V disease	10 yrs.
93d	(c) Parkinson's Disease	12 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1949, to Apr. 30, 1950, that I last saw the deceased alive on 4/29, 1950, and that death occurred at 8.00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jos. A. Sedlack, M.D.
ADDRESS 200 W. Penna Ave Towson Md.
DATE SIGNED 5/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Cerrill
DATE THEREOF 5-3-50
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Pikesville

DATE REC'D BY LOCAL REG. May 1, 1950
REGISTRAR'S SIGNATURE H.W. Hedrick DM
24. FUNERAL DIRECTOR Stewart Mowen Co. - ADDRESS Balto 1.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03782 45

1. PLACE OF DEATH — COUNTY: Balt 20 — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balt. 20 — LENGTH OF STAY (in this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Middle River Essex Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Kansas — COUNTY: Osborne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 318 E Main St.

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Mae (Last) Doane
4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 9/17/1874
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James Standley
14. MOTHER'S MAIDEN NAME: Sarah Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Daughters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 4 days

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

93d (c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1950, to present, that I last saw the deceased alive on 4/13/, 1950, and that death occurred at 8 15 A.m., from the causes and on the date stated above.

SIGNATURE: Joseph J Cameron (Degree or title) MD — ADDRESS: 30 Chandelle Rd — DATE SIGNED: 4/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 4/16/50 — NAME OF CEMETERY OR CREMATORY: Delhi — LOCATION (City, town, or county) (State): Osborn Kansas

DATE REC'D BY LOCAL REG.: 4-14-50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: William Cook Inc — ADDRESS: 1217 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

63783

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Washington
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6115 Falls Road.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Washington
STREET ADDRESS (If rural, give location): 6115 Falls Road.

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) J. (Last) Dolan

4. DATE OF DEATH: (Month) April (Day) 17, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Feb. 18, 1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Construction

10b. KIND OF BUSINESS OR INDUSTRY: Houses Builder

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Dolan

14. MOTHER'S MAIDEN NAME: Bridget Madden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Eugene Dolan 6115 Falls Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

4221 **Immediate cause** (a) Congestive Heart Failure — 3 days

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. Dis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 14, 1950, to April 17, 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edward L. Glassman M.D. ADDRESS: 4037 Ealy Rd. DATE SIGNED: 4/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/20/50 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 4/19/50 — REGISTRAR'S SIGNATURE: Q. W. Hedrick

24. FUNERAL DIRECTOR: Hillman Cook Inc. — ADDRESS:

156V4

03784

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River - 21 — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1727 Langley Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 1727 Langley Rd

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) M (Last) EATON

4. DATE OF DEATH (Month) (Day) (Year) April 13 - 1950 19

5. SEX M

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 23, 1891

9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yardmaster

10b. KIND OF BUSINESS OR INDUSTRY Penna R.R.

11. BIRTHPLACE (State or foreign country) Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Francis A. Eaton

14. MOTHER'S MAIDEN NAME Eliza Jane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 717-07-7993

17. INFORMANT Mrs F. M. Eaton Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Central Hemorrhage	6 yrs
	(c) Coronary Occlusion	6 yrs

420.1
94a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE N B Davis M D (Degree or title) Dept Med. Exam - Dundalk 22 — ADDRESS — DATE SIGNED 4/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 4/17/50 — NAME OF CEMETERY OR CREMATORY Baltimore — LOCATION (City, town, or county) E. North Ave Balto (State) Md

DATE REC'D BY LOCAL REG. April 15th 1950 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Mildred T. Blight — ADDRESS 6007 Harford Rd.

41847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03785

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2904 Dunleer Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 2904 Dunleer Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Anysie (Last) Eilers

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/11/29

9. AGE last birthday: 20 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: C. P. Eilers

14. MOTHER'S MAIDEN NAME: Mary A. Breit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.

17. INFORMANT: C.P. Eilers 2904 Dunleer Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mongolism - Malnutrition

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Terminal pneumonitis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1950, to April 25, 1950, that I last saw the deceased alive on April 25, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE Eugene F. Neary (Degree or title) M.D. ADDRESS 7001 Mornington Rd Dundalk Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 4/27/50; NAME OF CEMETERY OR CREMATORY: Sarced Heart; LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 4/26/50; REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR: John A Moran ADDRESS: 3000 E. Balto. St.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03786

Reg. Dist. No. 9 58

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2529 Wentworth Rd

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) E (Last) EITEL

4. DATE OF DEATH (Month) April (Day) 23 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 20 1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper
10b. KIND OF BUSINESS OR INDUSTRY Government
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Gustav A Eitel
14. MOTHER'S MAIDEN NAME Laura A Conner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-03-9312
17. INFORMANT Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b (c)

INTERVAL BETWEEN ONSET AND DEATH: Since July 1946

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 27, 1949, to Apr 23, 1950, that I last saw the deceased alive on Apr 22, 1950, and that death occurred at 2:10 p m., from the causes and on the date stated above.

SIGNATURE W A Briders (Degree or title) M.D., Supt., ADDRESS Eudowood Sanatorium, Towson 4, Md. DATE SIGNED 4-23-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/26/50
NAME OF CEMETERY OR CREMATORY Lorraine
LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 4-24-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

15697

03787

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson — LENGTH OF STAY (in this place) 5 yrs. 11 mos. 16 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hosp.	STREET ADDRESS (If rural, give location) 3106 Orlando Avenue ✓

3. NAME OF DECEASED (Type or Print)	(First) Elizabeth Betty	(Middle) Marie	(Last) Ellman	4. DATE OF DEATH (Month) April (Day) 17 (Year) 1950	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 9/6/29	9. AGE last birthday 20 yrs.	If under 1 year Months 7 Days 11 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Preston, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Alfred Davis (Stepfather)	14. MOTHER'S MAIDEN NAME Marie Schulke				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Betty Ellman			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
002x Immediate cause	(a) Amyloid	1½ yrs.
Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	7 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1944, to 4/17, 1950, that I last saw the deceased alive on April 17 1950, and that death occurred at 10:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	Mt. Wilson, Md.	4/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4/19/50	NAME OF CEMETERY OR CREMATORY Preston Cemetery	LOCATION (City, town, or county) (State) Preston, Md.
DATE REC'D BY LOCAL REG. 4/17/50	REGISTRAR'S SIGNATURE Helen R. Mayer	24. FUNERAL DIRECTOR J.J. Framtton	ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1950
BUREAU V. M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

13788

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) E. (Last) ELSTE

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months 3 Days ? If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Allender

14. MOTHER'S MAIDEN NAME: Charlotte Cloman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Spring Grove State Hospital Records Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchial pneumonia	3 days
443X 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-vascular disease	unknown
	(c) Generalized arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12 1950, to April 25, 1950, that I last saw the deceased alive on April 25, 1950, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
North S. Wilkinson MD — Catonsville 28, Maryland 4/25/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Apr. 29/50
NAME OF CEMETERY OR CREMATORY: Jerusalem
LOCATION (City, town, or county) (State): Joppa Harford Md

DATE REC'D BY LOCAL REG. 4/25/50
REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: Howard R. McComas & Son — ADDRESS: Abingdon Md

RECEIVED
APR 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03789

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (In this place) 26 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 LIBERTY PKWY.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 22 LIBERTY PKWY.

3. NAME OF DECEASED (Type or Print): (First) ORIE (Middle) CAPPITOLA (Last) ERB.

4. DATE OF DEATH: (Month) APRIL (Day) 22 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 23, 1895

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): LEWISTOWN, PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES QUAY

14. MOTHER'S MAIDEN NAME: ANNA L. SHILLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: NORMAN E. ERB, HUSBAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Artery Occlusion — 4 hours

430.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 18 mos.

932

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

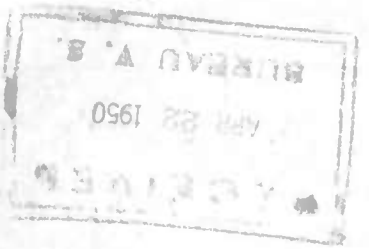
22. I hereby certify that I attended the deceased from Jan. 2, 19 49, to April 22 19 50, that I last saw the deceased alive on April 22, 19 50, and that death occurred at 8 15 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Eugene R. Evans, 1 Liberty Parkway, April 23, 1950

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 25 APRIL, 1950 — NAME OF CEMETERY OR CREMATORY: MT. ROCK CEM. — LOCATION (City, town, or county) (State): LEWISTOWN, PA.

DATE REC'D BY LOCAL REG.: April 23-1950 — REGISTRAR'S SIGNATURE: N. M. Kelly Jr. — 24. FUNERAL DIRECTOR: Walter Brooks Bradley, Dundalk, Md. — ADDRESS


BUREAU U. S.
APR 28 1950

03790

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville.
STREET ADDRESS (If rural, give location) Greenwood Road - near Church Lane

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) A. (Last) Essig Jr.
4. DATE OF DEATH (Month) Apr (Day) 10 (Year) 1950.

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 3/9/1908
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Govt.
10b. KIND OF BUSINESS OR INDUSTRY Mail Carrier
11. BIRTHPLACE (State or foreign country) Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert A. Essig Sr.
14. MOTHER'S MAIDEN NAME Grace Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War (If yes, give war or dates of service) #2
16. SOCIAL SECURITY NO.
17. INFORMANT Helen E. Essig. North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
976x Immediate cause	(a) Shot Gun Blast in roof of mouth (Suicide)	Instant
164C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mental Depression.	2 wks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Field. (CITY OR TOWN) Pikesville (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) Apr (Day) 8? (Year) '50 (Hour) 9 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Held shot gun up to mouth & fired.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples Med. Exam. (Degree or title) M.D. ADDRESS Reisterstown, Md. DATE SIGNED 4-12-'50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/12/50
NAME OF CEMETERY OR CREMATORY North East Methodist
LOCATION (City, town, or county) North East, Maryland (State)

DATE REC'D BY LOCAL REG. 4-12-50
REGISTRAR'S SIGNATURE Dr E E Nichols
24. FUNERAL DIRECTOR Frank H. Newell, Pikesville, Md. ADDRESS

22295

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03791

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rccdo Knoll

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 1615 N. Caroline St Rccdo Knoll Rd

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) (Last) FARLAND

4. DATE OF DEATH: (Month) APRIL (Day) 20 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 6, 1861

9. AGE last birthday: 88 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Farland

14. MOTHER'S MAIDEN NAME: Catherine Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Rccdo Knoll Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At wnrk ☐ | HOW DID INJURY OCCUR?

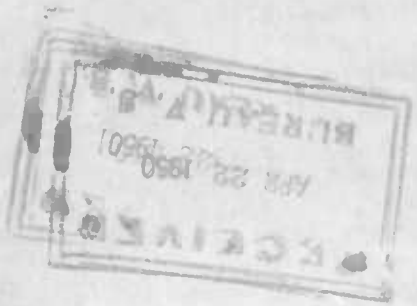
22. I hereby certify that I attended the deceased from April 1, 1950, to April 19, 1950, that I last saw the deceased alive on April 14, 1950, and that death occurred at 7-15 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leo A. Kieffer MD | ADDRESS 3710 Wash Blvd. Balto Md | DATE SIGNED 4-21-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 4-24-50 | NAME OF CEMETERY OR CREMATORY: Cathedral | LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG. 4-21-50 | REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR: George A. Farley | ADDRESS: Catonsville, Md.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APR 28 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03792

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon — LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 48 Sacred Heart Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural give location) 48 Sacred Heart Lane

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) (Last) FAX

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12/15/1857

9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Lady

11. BIRTHPLACE (State or foreign country): Fotsburg, Va.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: H. Fax. Glyndon Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) TERMINAL PNEUMONIA — 48 hrs.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC C.V. DISEASE — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1948, to APRIL 16, 1950, that I last saw the deceased alive on APRIL 16, 1950, and that death occurred at 11:55 P.m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D ADDRESS: Reisterstown, Md. DATE SIGNED: 4/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: April 20 50 | NAME OF CEMETERY OR CREMATORY: St Johns | LOCATION (City, town, or county): Reisterstown (State): Md

DATE REC'D BY LOCAL REG. 4-19-50 | REGISTRAR'S SIGNATURE: Mary B. Elvine.

24. FUNERAL DIRECTOR: J.F. Elvine - Sons, Reisterstown Md. ADDRESS

RECEIVED
APR 21 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03793

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparks
LENGTH OF STAY (in this place): 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparks, Md
STREET ADDRESS (If rural, give location): Quaker Bottom Rd. #1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ~~Kathreen~~ Catherine Fisher
4. DATE OF DEATH (Month) (Day) (Year): April 22 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 7-13-1903
9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Gasden Alabama
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Wm Lovejoy
14. MOTHER'S MAIDEN NAME: Emma Crook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Alphonso Fisher, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 hr.
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 yrs.
	(c) Coronary Sclerosis	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nodular goiter

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 11, 1947, to April 22 1950, that I last saw the deceased alive on April 22, 1950, and that death occurred at 12:15 a. m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill (Degree or title): MD ADDRESS: Cockeysville, Md. DATE SIGNED: 4/22/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4-25-50
NAME OF CEMETERY OR CREMATORY: Stevenson A.M.E.
LOCATION (City, town, or county) (State): Sparks, Md.

DATE REC'D BY LOCAL REG.: Ap 24-50
REGISTRAR'S SIGNATURE: Numer C Ensor
24. FUNERAL DIRECTOR: Landon M. Brooks, ADDRESS: Sparks, Md.

52086

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

63794

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore · STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt.14, Box 20, Balto - 20 - Md.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. · COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 715 N. Luzerne Avenue

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Caroline (Last) Fitzberger

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1950

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: Nov. 14, 1879 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frederick Henkel | 14. MOTHER'S MAIDEN NAME: Dora Frantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): | 16. SOCIAL SECURITY NO.: no | 17. INFORMANT: Herbert G. Fitzberger-son-Rt.14, Box 20, Baltimore 20 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Cardio-Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tropic Ulcers of legs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950, to April 20, 1950, that I last saw the deceased alive on April 20, 1950, and that death occurred at 9:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W Baumgardner | ADDRESS: Balto 6 Md | DATE SIGNED: 4-21-50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE: Apr. 24, 1950 | NAME OF CEMETERY OR CREMATORY: Baltimore Cem. | LOCATION (City, town, or county) (State): North Ave. & Rose St., Baltimore

DATE REC'D BY LOCAL REG.: 4/21/50 | REGISTRAR'S SIGNATURE: A. W. Hefrich | 24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 03795

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — LENGTH OF STAY (in this place): 10 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 409 Westshire Road	STREET ADDRESS (If rural, give location): 409 Westshire Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Teresa A. Flanigan	4. DATE OF DEATH (Month) (Day) (Year): April 21, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
F M	White	Married	May 15, 1906	44 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Telephone Operator	C & P CO.	Maryland	USA

13. FATHER'S NAME: Gerhardt Nolker	14. MOTHER'S MAIDEN NAME: Anna Nolker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	No	212-05-1808	Micheal Flanigan 409 Westshire Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis — 1 yr

170X Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Breast

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-7-49	Adenocarcinoma of rt Breast	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to April 21, 1950, that I last saw the deceased alive on April 20, 1950, and that death occurred at 3:00 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Aloha H. Crowther MD	4209 Fred. ave	4/21/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/24/50	New Cathedral	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 22. 1950	R.W.	J. T. Stansbury 2700 Edmondson ave.

24255

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

4209 Frederick

03796

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead (Rur) — LENGTH OF STAY (in this place): 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead (Rural)
STREET ADDRESS (If rural, give location): Falls Road

3. NAME OF DECEASED (Type or Print): (First) Abraham (Middle) Lincoln (Last) Fowble
4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 19, 1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Oliver Fowble
14. MOTHER'S MAIDEN NAME: Margaret Ashbaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Laura Fowble

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.0	Immediate cause	(a) Congestive Heart Failure	1 Mon
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	3 yr
		(c) Bronchiectasis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to April 5, 1950, that I last saw the deceased alive on Feb 3, 1950, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE: W. H. Foard (Degree or title) M.D. — ADDRESS: Manchester, Md — DATE SIGNED: 3/5/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Apr 8/50 — NAME OF CEMETERY OR CREMATORY: Grace Rem — LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG.: 5-5-50 — REGISTRAR'S SIGNATURE: Mary B. Eline — 24. FUNERAL DIRECTOR: Edw Tipton, Hampstead Md — ADDRESS:

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03797

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (In this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 243 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown, Md.
STREET ADDRESS (If rural, give location) 243 Main St.

3. NAME OF DECEASED (Type or Print): (First) GLENN. (Middle) BURNELL (Last) FREBERTSHAUSER

4. DATE OF DEATH: (Month) Apr (Day) 4 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male.	White	Infant	Dec 26 '[illegible] '49	yrs.	3	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant.	Infant.	Reisterstown, Md.	U.S.A.

13. FATHER'S NAME: Clifford Edw. Frebertshauser
14. MOTHER'S MAIDEN NAME: Elig. Va. Schaeffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no.	no.	none.	Elig. Va. Frebertshauser (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) asphyxia (accidental) — 4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

9240 / 182

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none.	none.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Reisterstown	Balto.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
Apr	4	50	3:00 a. m.			Baby turned over on stomach & suffocated.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinian resulted from: natural causes ☐, accident ☒ suicide ☐, hamicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D.D. Caples	M.D.	Md. Exam. Reisterstown, Md.	4-4-50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 6, 1950	Leisters Cem.	Carroll Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-5-50	Mary B. Eline	J. F. Eline & Sons,	Reisterstown Md.

VS. A15A

1-0-R-26-9-30-4-40-R

RECEIVED
APR 7 1950
BUREAU V. S.

BIRTH NO. G-140

CERTIFICATE OF DEATH

Registered No. 30

03798

1. NAME OF DECEASED (Type or Print): ANNIE MARIE GABLE

2. DATE OF DEATH: Apr. 26. 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 812 Regester Avenue Armacost Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-08

C. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 724 E. 20th. Street

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Sept. 3, 1868

9. AGE (In years last birthday): 81 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Becker

14. MOTHER'S MAIDEN NAME: Matilda Krebs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-05-5063

17. INFORMANT: Mrs. Lila A. Busick — ADDRESS: Stoneleigh Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

DUE TO

420.0

ANTECEDENT CAUSES

(B) —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

93d

(C) —

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 21, 1950, *to* April 26, 1950 *that I last saw the deceased alive on* April 25, 1950, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. J. Chalfont M. O.

23B. ADDRESS: 6210 York Rd

23C. DATE SIGNED: Apr 26, 50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial

24B. DATE: 4/28/50

24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 4-27-50

REGISTRAR'S SIGNATURE: Mrs. Victor C. Haney

25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. NORTH AVE. & BROADWAY — ADDRESS: 93

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 125 APR 14 1950

CERTIFICATE OF DEATH

03799

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 4347 Sheldon Ave.

3. NAME OF DECEASED (Type or Print) (First) WALERYA (Middle) (Last) GASEWSKI

4. DATE OF DEATH (Month) April (Day) 1 (Year) 1950

5. SEX fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 9.21.1884
9. AGE last birthday ~~64~~ 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Valentin Czarski
14. MOTHER'S MAIDEN NAME Johanna Klein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

272X

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chromophobe pituitary adenoma

(c) Involutional

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Involutional psychosis

19a. DATE OF OPERATION Jan 13, 1950
19b. MAJOR FINDINGS OF OPERATION Chromophobe pituitary adenoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.24, 1949, to 4.1, 1950, that I last saw the deceased alive on 4.1, 1950, and that death occurred at 4 40 P m., from the causes and on the date stated above.

SIGNATURE Isadore Freedy M.D. (Degree or title) ADDRESS Spring Grove State Hospital DATE SIGNED 4.1.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 4/50
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. Apr. 3-50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Fred W. Ozazewski
ADDRESS 1930 Eastern Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

Correction of #8/ is shown on Film G125 4/28/50 js
Birth Record Evidence

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03801

CERTIFICATE OF DEATH

Reg. Dist. No. 4 X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 79 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 37 E. Ostend Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
OWEN	W.	GATH	April	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	3-6-1917	33 34 ✓ yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur	✓	Richmond, Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Owen Gath	Louise Crabbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW 2	215-01-7955	Clin.Rec.Vets.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

576 X — **Immediate cause** (a) PERITONITIS, ETIOLOGY UNKNOWN — Unknown

129 — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that ~~I~~ VA attended the deceased from Feb. 2, 1950, to April 22, 1950, ~~saw the deceased~~ and that death occurred at 7:22 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Martin H. Chester M.D. MARTIN H. CHESTER, M.D.	VAH, Ft. Howard, Md.	

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/26/50	Glen Haven Memorial	Ritchie Highway, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-25-50		John F. Denny	Light St. at Montgomery Balto., Md.

42099

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03801

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 6 yrs., 7 mths 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North Linthicum
STREET ADDRESS (If rural, give location): 36 Annapolis Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RAYMOND	WILLIAM	BIBSON	April	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	1/15/1912	38 yrs.	3	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None - Invalid.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Gibson
14. MOTHER'S MAIDEN NAME: Florence L. Sticker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Catonsville, Md. Spring Grove State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

344x — Immediate cause (a) Hydrocephalus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
157a — (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 8, 1943, to April 19, 1950, that I last saw the deceased alive on April 19, 1950, and that death occurred at 12:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George S. Merrill MD, Spring Grove State Hosp. 4/19/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-20-1950	Mt. Olivet	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-20-50	O. W. Fedrick	G. Howard Strong 3207 W. North Ave.,

MARYLAND STATE DEPARTMENT OF HEALTH

03802

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (in this place) 65 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location) Route # 1

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) T. (Last) GIBSON
4. DATE OF DEATH: (Month) April (Day) 3, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 10-17-71
9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Tazwell Gibson
14. MOTHER'S MAIDEN NAME: Hardenia (M.N. Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Cerebral Hemorrhage, right — 5 Days

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mural Thrombi, left ventricle Due to: — Unknown

(c) Myocardial Infarction, left ventricle — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 12-28-, 1949, to 4-3-, 1950, ~~that I last saw the deceased alive on ..., 19..., and~~ that death occurred at 3:45 Pm m., from the causes and on the date stated above.

SIGNATURE H.C. Managh
(Degree or title) H.C. MANAUGH, M.D. Chief Pro. Ser.
ADDRESS VAH,Ft.Howard, Md.
DATE SIGNED 4-4-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burail
DATE THEREOF: Apr.6 1950
NAME OF CEMETERY OR CREMATORY: Calvary Cem.
LOCATION (City, town, or county) (State): Carroll Co.Md.

DATE REC'D BY LOCAL REG.: April 5,1950
REGISTRAR'S SIGNATURE: Dawson L. Barber
24. FUNERAL DIRECTOR: C.Harry Weer
ADDRESS: Harry Wehr, Sykesville, Md.

VS. A15

X V X 99

RECEIVED
APR 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03803

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Nova. LENGTH OF STAY (in this place) 10 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS AUGSBURG HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY ~~Balto~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Villa Nova~~ Baltimore
STREET ADDRESS (If rural, give location) 1207 Hanover St. ~~Campfield~~ Rd.

3. NAME OF DECEASED (Type or Print) (First) GUSTAV (Middle) (Last) GLAESER

4. DATE OF DEATH (Month) Apr. (Day) 21 (Year) 1950

5. SEX M. 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER 8. DATE OF BIRTH JAN 6 1877 9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Poland 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Carl 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Records Augsburg Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) - Cerebral Thrombosis - 2 weeks

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Generalize Arterio - Sclerosis. 3 yrs.

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1949, to April 21, 1950, that I last saw the deceased alive on April 20, 1950, and that death occurred at 8 P.M. m., from the causes and on the date stated above.

SIGNATURE Earl L. Chambers, M.D. (Degree or title) ADDRESS 4108 Liberty Hts. Baltimore - 7 Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE THEREOF Apr. 24. 50 NAME OF CEMETERY OR CREMATORY LOUDEN PARK LOCATION (City, town, or county) BALTO. Md. (State)

DATE REC'D BY LOCAL REG. 4-24-50 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR L HEEMANN & SON ADDRESS 6067 Harford Rd

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03804

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
   LENGTH OF STAY (in this place): 25 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 616 Main St Reisterstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
   STREET ADDRESS (If rural give location): 616 Main St

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Gore

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Oct 27 1868

9. AGE last birthday: 81 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Liverpool England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hiram J Brown

14. MOTHER'S MAIDEN NAME: Mary Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles B Pattinson Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery Disease — 3 mo.

420.1 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive C-V Disease. — 5 yrs.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: None. — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None. — (CITY OR TOWN) None. — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 8-9-44, to 4-21-50, that I last saw the deceased alive on 4-6-50, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE: D. D. Caples — (Degree or title) M.D. — ADDRESS: Reisterstown, Md — DATE SIGNED: 4-21-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr 24 1950 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery — LOCATION (City, town, or county) (State): Pikesville Md

DATE REC'D BY LOCAL REG.: 4-22-50 — REGISTRAR'S SIGNATURE: Mary B. Elina. — 24. FUNERAL DIRECTOR: Wm Berryman & Sons — ADDRESS: Reisterstown Md

RECEIVED
APR 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03805

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 221 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wic
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 113 Delaware Avenue

3. NAME OF DECEASED (Type or Print): (First) FULTON (Middle) N. (Last) GOSLEY
4. DATE OF DEATH: (Month) April (Day) 24, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-7-1918
9. AGE last birthday: 31 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cleaner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salisbury, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Gosley
14. MOTHER'S MAIDEN NAME: Lillie Elzey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-II
16. SOCIAL SECURITY NO.: 214-10-8712
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS, BILATERAL, FAR ADVANCED — One Year

002X

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tuberculous Meningitis — Six mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 9-15-, 1949, to 4-24-, 1950, [redacted] death occurred at 2:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton Ginsberg. ADDRESS VAH Fort Howard, Md. DATE SIGNED 4-24-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4-28- 50
NAME OF CEMETERY OR CREMATORY: Green Acres
LOCATION (City, town, or county) (State): Salisbury, Md.

DATE REC'D BY LOCAL REG. 4/26/50
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR ADDRESS: Samuel W.Sullivan,Jr. 1011 N.Arlington Ave., Balto., Md.

49674

51M
108

03806

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer Park Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mary Land COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown, Md.
STREET ADDRESS (If rural, give location) Deer Park Rd.

3. NAME OF DECEASED (Type or Print) (First) CLIFTON (Middle) CHAS. (Last) GRAY
4. DATE OF DEATH (Month) April (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 13, 1892
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Traffic Mgr.
10b. KIND OF BUSINESS OR INDUSTRY Railroad.
11. BIRTHPLACE (State or foreign country) Farmington, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Chas. M. Gray.
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) I 1917-1918
16. SOCIAL SECURITY NO. 705-10-5029.
17. INFORMANT Mrs C. C. Gray (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

977x Immediate cause (a) Carbon monoxide Poisoning — 3 hrs?

164d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage from cut throat & wrists — 4 hrs?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic C-V. Disease — 3 yrs.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home.
(CITY OR TOWN) Reisterstown, (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) Apr (Day) 25 (Year) '50 (Hour) a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Cut wrists & Throat - Hooked car exhaust to inside of car & let motor run.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples, M.D. - Med. Exam. (Degree or title) ADDRESS Reisterstown, Md. DATE SIGNED 4-25-'50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/27/50
NAME OF CEMETERY OR CREMATORY Wrind Ridge
LOCATION (City, town, or county) Pikesville (State) Md.
DATE REC'D BY LOCAL REG. 4/26/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md.

244-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03807

CERTIFICATE OF DEATH

Reg. Dist. No. 5X

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard,; LENGTH OF STAY (in this place) 211 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp. Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 812 Hampson St. Balto. Md.

3. NAME OF DECEASED (Type or Print): (First) ADOLPH (Middle) E. (Last) GREEN

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/3/25

9. AGE last birthday: 24 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver-Seafood

10b. KIND OF BUSINESS OR INDUSTRY: Truck driver

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Green

14. MOTHER'S MAIDEN NAME: Georgianna Gaskin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW II

16. SOCIAL SECURITY No. 216-184-386

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis, pulmonary, far advanced — Interval Between Onset and Death: 1 yr.plus

002X

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

138

(b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Laryngitis, Tuberculosis, secondary to #1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Sept. 23, 1949, to April 23, 1950, [redacted] and that death occurred at 2:10 P. m., from the causes and on the date stated above.

SIGNATURE Martin H. Chester (Degree or title) MARTIN H. CHESTER, M.D. ADDRESS VAH Fort Howard, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE 4-27-50 NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery LOCATION (City, town, or county) (State): 6501 Frederick Road

DATE REC'D BY LOCAL REG. 4-24-50 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Charles R. Law ADDRESS: 802 Madison Avenue Balto. Md.

420 X1

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03808

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland. LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland.
STREET ADDRESS (If rural, give location) 3 mi W. of Freeland.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) O. (Last) Grimm.
4. DATE OF DEATH (Month) April (Day) 7 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Aug. 21, 1886
9. AGE last birthday 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman.
10b. KIND OF BUSINESS OR INDUSTRY Paper Mill.
11. BIRTHPLACE (State or foreign country) Freeland, Md. R.D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Grimm.
14. MOTHER'S MAIDEN NAME Josephine Kennedy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-03-2954
17. INFORMANT Amelia Grimm, Freeland, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153x Immediate cause (a) Malignant Carcinoma of Bowels.

46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obstruction of Bowels

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1950, to 4/7, 1950, that I last saw the deceased alive on 4/7, 1950, and that death occurred at 1:10 P.m., from the causes and on the date stated above.

SIGNATURE James L. Yagle (Degree or title) ADDRESS New Freedom Pa. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF April 10, 1950 NAME OF CEMETERY OR CREMATORY Stiltz Cemetery LOCATION (City, town, or county) Glen Rock, Penna. (State)

DATE REC'D BY LOCAL REG. 4/8/50 REGISTRAR'S SIGNATURE Chester L. Fielden 24. FUNERAL DIRECTOR J. Jacob Hartenstein, New Freedom, Pa. ADDRESS

44211

RECEIVED
APR 17 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 125 APR 14 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03809

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Daughters of Enchanty Maiden Choice Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY ~~Balto~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Catonsville~~ Balto
STREET ADDRESS (If rural, give location) 715 E 20th st

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Bridget Halfpenny
4. DATE OF DEATH (Month) (Day) (Year) April 4 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 12-23-64
9. AGE last birthday 85 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework none
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Bridget Connelly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Myrtle Healy 715 E 20th st

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cardiac failure

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Dep Med ADDRESS DATE SIGNED
Geo S. W. Kieffer MD. Exam Balto co 1010 Leadenhall 4-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/8/50
NAME OF CEMETERY OR CREMATORY Cathedral Cem
LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. April 6-50
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR WIEDEFELD & SON ADDRESS GREENMOUNT AVE & 22ND

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Evidence for change in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03810

CERTIFICATE OF DEATH

Reg. Dist. No. 38

FILM No. G 1 25 APR 25 1950

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Penna. Ave.	STREET ADDRESS (If rural, give location) 100 Penna. Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ellwood W. Harder	April 14 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
~~Female~~ Male	White	Married	1/2/1875	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired - Maintenance Man.	Lamott Chemical	Mass.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Harder	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		100 Penna. Ave. Mrs. Anna M. Harder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
451 Immediate cause	(a) Rupture of aortic aneurysm	1 hr
96 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis (4-25-50 - ams)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/14, 1950, to 4/14, 1950, that I last saw the deceased alive on 4/14, 1950, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. W. Hedrick	M.D	Towson Md	4/15/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/18/50	Prospect Hill	Towson Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/17/50	A. W. Hedrick	John A. Moran	3000 E. Balto. St.

33617

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BR8296

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03811

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Inverness
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 514 Bayside Driver

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Inverness
STREET ADDRESS (If rural give location) 514 Bayside Drive

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) E. (Last) HARTZELL

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 24, 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dispatcher (rtd)

10b. KIND OF BUSINESS OR INDUSTRY: Transit Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edwin Hartzell

14. MOTHER'S MAIDEN NAME: Alice O. Courts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Ethel F. Hartzell 514 Bayside Dr. Balto. 22, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Diabetes Mellitus	5 yrs
	(c) A-S-C-V Disease	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W Travers MD Dept Med. Exam. - Dundalk Md 4/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/12/50
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 4/10/50
REGISTRAR'S SIGNATURE: W. Hedrick
24. FUNERAL DIRECTOR ADDRESS: WM. J. TICKNER & SONS BALTO. MD.

31649

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

03812

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex - Balto - 21 | LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R#16. Middleboro Rd Bx 177C

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Home
STREET ADDRESS (If rural, give location) Middleborough Rd Essex

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Arthur (Last) Hellman
4. DATE OF DEATH (Month) Apr (Day) 18 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4/18/29.
9. AGE last birthday 21 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker
10b. KIND OF BUSINESS OR INDUSTRY Lever Bros.
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm H. Hellman
14. MOTHER'S MAIDEN NAME Elizabeth Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-24-2842
17. INFORMANT Mrs Jennie Hellman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound abdomen | Immediate

919.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (accidental) (Suicide) undetermined

184

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Essex, Balto 21 (COUNTY) (STATE) Md.

TIME OF INJURY (Month) Apr (Day) 18 (Year) 50 (Hour) 9.25 A.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Shot Gun.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE V. M. Carmine M.D. (Degree or title) Deputy Medical Examiner Balto. Co. ADDRESS Dundalk 22 Md DATE SIGNED 4/18/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Apr 21/50 | NAME OF CEMETERY OR CREMATORY Oak Lawn Cem | LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. April 19-1950 | REGISTRAR'S SIGNATURE V. M. Kelly Jr. | 24. FUNERAL DIRECTOR Philip Herwig Sons, 2024 Orleans St. Balto Md ADDRESS

26699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 31 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03813

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 1804 Portship

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Nicholas (Last) Heselbach

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 21, 1859

9. AGE last birthday: 91 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Shucker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Heselbach

14. MOTHER'S MAIDEN NAME: Anna M. Fritz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Margaret Robins 7802 Clarksworth Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis

131a (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 16, 1950, to Apr 16, 1950, that I last saw the deceased alive on Apr. 16, 1950, and that death occurred at 1.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J Joseph Tawney M.D. 441 S. Ellwood Ave 4/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Apr. 18, 1950 | NAME OF CEMETERY OR CREMATORY: Mt. Carmel | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/18/50 | REGISTRAR'S SIGNATURE: A. W. Hedrich

24. FUNERAL DIRECTOR ADDRESS: Ullrich Funeral Home 2008 Orleans St.,

77071

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03814

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5006 Leeds ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus; STREET ADDRESS (If rural, give location) 5006 Leeds Ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) E. (Last) Hilleary

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 6 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto-Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Piedmont W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hilleary

14. MOTHER'S MAIDEN NAME: Ida Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Gertrude Hilleary 5006 Leeds ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause (a) Cerebral Malacia — Interval Between Onset and Death: Unknown

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic, cardio vascular renal disease — Unknown

(c) Cancer of Liver terminal stages — 3 Mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Late Epy Leprosy.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to April 10, 1950, that I last saw the deceased alive on April 10, 1950, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: Charles Timmerello (Degree or title) M.D. ADDRESS: 910 W. Lombard St. Balto Md. DATE SIGNED: 4/13/50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 4-15-50

NAME OF CEMETERY OR CREMATORY: London Park

LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG. 4-13-50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Geo. L. Berger Jr. ADDRESS: 1512 Hollins St Balto Md

33284

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03815

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (In this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Warren Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 9 Warren Rd

3. NAME OF DECEASED (Type or Print): (First) Lawrence (Middle) Edward (Last) Hiner

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/25/1898

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Elmer Hiner

14. MOTHER'S MAIDEN NAME: Mary Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-09-0688

17. INFORMANT: Mildred E. Hiner - Warren Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of the Liver — Interval between onset and death: 6 mons.

581.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

44b

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nodyplasis Disease — 4 mons.

201 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/18, 1950, to 4/21, 1950, that I last saw the deceased alive on 4/21, 1950, and that death occurred at 3.05 P.m., from the causes and on the date stated above.

SIGNATURE James A. Miller M.D. (Degree or title) ADDRESS Pikesville-Md DATE SIGNED 4/22/50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 4/24/50 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Frederick Rd. Baltimore Md.

DATE REC'D BY LOCAL REG. 4-22-50 — REGISTRAR'S SIGNATURE Dr E E Nichols

24. FUNERAL DIRECTOR: Frank H. Hurd, Pikesville, Md. — ADDRESS

332-34

VS, A15 T

RECEIVED
APR 25 1950
BUREAU V. S.

03816

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg — LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 114 Leslie Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural, give location): 114 Leslie Ave.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) F. (Last) HOJNACKI
4. DATE OF DEATH (Month) April (Day) 4th, (Year) 1950
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: July 22, 1884
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Molder
10b. KIND OF BUSINESS OR INDUSTRY: Weiskettel Co.
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-07-3106 A
17. INFORMANT AND ADDRESS: Mrs. Walter Sippel, 114 Leslie Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) CORONARY ARTERY THROMBOSIS — SUDDEN DEATH

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIAL HYPERTENSION — 9 YRS.

(c) ARTERIOSCLEROTIC HEART DISEASE — 7 YRS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERAL ARTERIOSCLEROSIS — 5 YRS.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30, 1941, to 4/4, 1950, that I last saw the deceased alive on 1/20, 1950, and that death occurred at 3 25 p. m., from the causes and on the date stated above.

SIGNATURE: Jas W Machin M.D. (Degree or title) — ADDRESS: 6331 Belair Road (6) — DATE SIGNED: 4-5-1950

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: Apr. 8th, 1950 — NAME OF CEMETERY OR CREMATORY: St. Stanislaus Cemetery — LOCATION (City, town, or county) (State): Balto., Md.

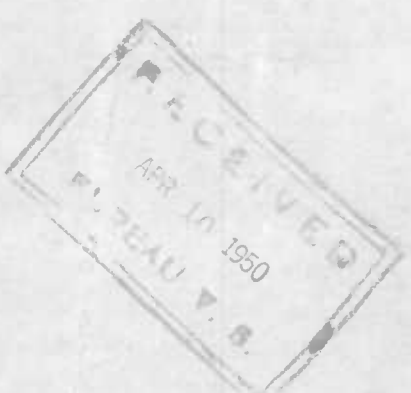
DATE REC'D BY LOCAL REG.: Apr. 6 '50 — REGISTRAR'S SIGNATURE: Mrs A. L. Reifsnider — 24. FUNERAL DIRECTOR: Laraulin Funeral Home — ADDRESS: 7401 Belair Rd.

33841

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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APR 10 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03817

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (in this place): 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4304 Fullerton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural, give location): 4304 Fullerton Ave

3. NAME OF DECEASED (Type or Print): (First) EARL (Middle) C. (Last) HOWELL

4. DATE OF DEATH: (Month) April (Day) 11th, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 14, 1901

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship - Burner

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Malcolm Howell

14. MOTHER'S MAIDEN NAME: Zonia Tribby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 216-10-5045

17. INFORMANT AND ADDRESS: Mrs. Earl C. Howell, 4304 Fullerton Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 45 min.

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1946, to April 11, 1950, that I last saw the deceased alive on April 11, 1950, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Max R. English M.D. 5713 Belair Rd Balto, Md. 4-12-50

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: April 14, 1950 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 4/13/50 — REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd.

46429

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 038484

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore 20 MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balt. 20; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Victory Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md. COUNTY White Marsh; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh; STREET ADDRESS (If rural, give location) Ebenezer Road, White Marsh

3. NAME OF DECEASED (Type or Print): (First) WASHINGTON (Middle) OLDRIDGE (Last) HUDKINS

4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/29/1863

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: FARMER

11. BIRTHPLACE (State or foreign country): W. VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: RICHARD

14. MOTHER'S MAIDEN NAME: HARRIET DICKENSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia, Bilateral — Interval Between Onset and Death: 2 wks

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

108

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22, 1950, to 4/23, 1950, that I last saw the deceased alive on 4/23, 1950, and that death occurred at 720 m., from the causes and on the date stated above.

SIGNATURE Joseph Cameron (Degree or title) M.D. ADDRESS 30 Chandelle Rd #20 DATE SIGNED 4/23/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 4/24/50; NAME OF CEMETERY OR CREMATORY Nuttter; LOCATION (City, town, or county) Cranfield (State) Md

DATE REC'D BY LOCAL REG. 4-24-50; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Tallboni & Sons Inc; ADDRESS 1215 Eastern Ave

00000

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03819

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS 2120 Ridge Hill Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) MARIE (Last) INEMER
4. DATE OF DEATH: (Month) Apr. (Day) 1, (Year) 1950

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Jan. 17, 1888
9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: H. Kuhlman
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT AND ADDRESS: Mr. Harry C. Inemer, Jr. 25 S. Abington Av.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0 Immediate cause (a) CIRRHOSIS OF THE LIVER. — 1-2 yrs

1200 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29 1950, to 4/1/, 1950, that I last saw the deceased alive on March 31, 1950, and that death occurred at 4:45 am from the causes and on the date stated above.

SIGNATURE: S. Lloyd Johnson (Degree or title) M.D. ADDRESS: Catonsville Md. DATE SIGNED: 4/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4/5/50
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 4-7-50
REGISTRAR'S SIGNATURE: L
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03820

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Dundalk # 2

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs. + 11 mos

Hospital, institution, or street address where death occurred:

6510 S. Avondale Rd

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Dundalk 22

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6510 S. Avondale Rd

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME George Daniel Johnson

3.(b) Social Security Number 212-09-6686

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Colored	Married

6.(b) Name of husband or wife Mrs. Elnora Parker Johnson

6.(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) May 7, 1890

8. AGE: Years 59 | Months | Days | If less than one day — hrs. — min.

9. Birthplace Baltimore County Md.
(Town, county, and state)

10. Usual occupation Stevedore

11. Industry or business Shipping Co.

FATHER 12. Name Henry Johnson

13. Birthplace King-Queen County, Va

MOTHER 14. Maiden name Elizabeth Chase

15. Birthplace Baltimore County, Md

16. Informant Mrs. Elnora Parker Johnson

Address 6515 S. Avondale Rd. Dundalk 22, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/15/50 (month) (day) (year)

Cemetery or crematory St Stephen Cem

Location .....

18. Funeral director Elroy E. Wilson

Address 1019 Brantley Ave

19. April 15th 1950 (Date rec'd by registrar) R W Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1950 at 11:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5, 1949 to April 11, 1950 and that I last saw him alive on April 11 1950

Immediate cause of death	DURATION
Bronchopneumonia	2 days
Due to Carcinoma of Stomach	7 mos
Due to	
Other conditions 151	
466 (Include pregnancy within 3 months of death)	

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE William C. Slade, M.D.
M. D. or other

Address 140 Oakton 9065 Date signed 4-11-50

03821

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rustic Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural give location) Rustic Ave.

3. NAME OF DECEASED (Type or Print) (First) Robert. (Middle) L. (Last) Johnson
4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 1950.
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-5-46
9. AGE last birthday 4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (State or foreign country) Balto. City Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Carlton Johnson
14. MOTHER'S MAIDEN NAME Ruth Bossom
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Carlton Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock, caused by 3rd degree burns	
916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) over entire body	1 hr.
180	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Rosedale (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-19-50 3 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Burned to death in Home —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD (Degree or title) Dept. Med. Exam. ADDRESS Dundalk 22 DATE SIGNED 4/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/20/50
NAME OF CEMETERY OR CREMATORY Parkwood Cem.
LOCATION (City, town, or county) Balto. Md (State)
DATE REC'D BY LOCAL REG. 4/20/50
REGISTRAR'S SIGNATURE A.W. Hedrick
24. FUNERAL DIRECTOR Lassalm Funeral Home ADDRESS 7401 Belair

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03822

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place) 19

HOSPITAL OR INSTITUTION OR STREET ADDRESS Harlem Lodge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick Co.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattstown

STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Manion (Last) Jones

4. DATE OF DEATH (Month) Apr. (Day) 12, (Year) 1950.

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH June 6, 1901

9. AGE last birthday 48 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home - Retired Book-Keeper & Stenog.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James O. Manion

14. MOTHER'S MAIDEN NAME Annie E. Carlisle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS W.V. Manion Hyattstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1/2 hr.
Antecedent cause(s)	(b) Bronchial Asthma	15 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

241x

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/one 1950, to 4/12, 1950, that I last saw the deceased alive on 4/11, 1950, and that death occurred at 10:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. Williamson M.D. ADDRESS 3534 Edmondson DATE SIGNED 4/12/50

23. BURIAL, CREMATION OR REMOVAL (Specify) Cremation

DATE 4-15-1950

NAME OF CEMETERY OR CREMATORY Ft. Lincoln

LOCATION (City, town, or county) Bladensburg (State) Md.

DATE REC'D BY LOCAL REG. 4/13/50

REGISTRAR'S SIGNATURE H.W. Hedrick Dm.

24. FUNERAL DIRECTOR W.L. Burdette Hyattstown, Md. ADDRESS

21099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03823

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 807 F Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 807 F Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Karmann (Last)

4. DATE OF DEATH: (Month) April (Day) 23, (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Nov 12, 1863

9. AGE last birthday: 86 yrs.
If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Andrew F. Karmann, Sparrows Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	2 days
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 93d	(b) Multiple cerebral hemorrhages	1 yr
	(c) Cardio-vascular hypertension disease	5 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to April 23, 1950 that I last saw the deceased alive on April 22, 1950 and that death occurred at 5-38 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson L. Harbor M.D. Sparrows Point Md 4/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/26/50

NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery

LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: April 25-50

REGISTRAR'S SIGNATURE: Dawson L. Harbor

24. FUNERAL DIRECTOR: Roland L. Fisher, Dundalk, Md. ADDRESS

VS. A15

RECEIVED
APR 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

113824

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place) 34; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural give location) 213 Church Lane

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Augustine (Last) Kennedy

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 19 Aug 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months —; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Balto County

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Kennedy

14. MOTHER'S MAIDEN NAME: Eliza Conroy?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs Joseph A. Kennedy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	13 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.0
450

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of tongue — 3 yrs.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to 16 Apr, 1950, that I last saw the deceased alive on 16 Apr, 1950 and that death occurred at 7 15 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul V Royer	MD	211 Church Lane Pikesville Md	16 Apr 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/19/50	Druid Ridge	Pikesville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-17-50	Dr E6 Nichols	Frank H. Purnell	Pikesville Md

26698

RECEIVED
APR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03825

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8230 Philadelphia Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ambrose (Middle) John (Last) Kerner
4. DATE OF DEATH (Month) Apr (Day) 22 (Year) 50

5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Apr 17/1888
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto driver.
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Geo. Kerner.
14. MOTHER'S MAIDEN NAME Josephine Fritsch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Geo. Kerner.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion. Immediate.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

9400 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. McCarmine MD Deputy Medical Examiner Balto. Co. Dundalk 22 Md 4/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/26/50
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 4-24-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR William Cook Inc 1214 St Paul St ADDRESS

42049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

03826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — LENGTH OF STAY (in this place): 3 yrs. 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1807 Dover Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) KILPER
4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 27, 1868
9. AGE last birthday: 82 yrs. — If under 1 year: Months 1, Days 2 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Carpenter helper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia Pennsylvania
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Frederick Kilper
14. MOTHER'S MAIDEN NAME: Luise Kusterer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart failure	5-6 hours
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	unknown
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28/, 1950, to 4/29, 1950, that I last saw the deceased alive on 4-28, 1950, and that death occurred at 3:15 A m., from the causes and on the date stated above.

SIGNATURE: T. Glyne Williams M.D. (Degree or title) — ADDRESS: Spring Grove State Hospital — DATE SIGNED: 4-29-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: MAY 1 '50 — NAME OF CEMETERY OR CREMATORY: WESTERN — LOCATION (City, town, or county) (State): BALTO. MD

DATE REC'D BY LOCAL REG.: 5-1-50 — REGISTRAR'S SIGNATURE: V. E. Harry — 24. FUNERAL DIRECTOR: Harry H Witzke — ADDRESS: 41 & EDMONDSON AVE

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03827

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleboro
LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bx 179A. Rt. 16.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleborough
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Paul (Last) Kleinschmidt
4. DATE OF DEATH (Month) Apr (Day) 27 (Year) 1950
5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 23/1887
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Helper, Maintenance
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME — — Kleinschmidt
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-05-5552
17. INFORMANT Mrs. Anna Kleinschmidt.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Immediate.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. H. M. Carmine, (Degree or title) Deputy Medical Examiner Balto. Co. Dundalk 22 Md ADDRESS DATE SIGNED 4/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 1/50
NAME OF CEMETERY OR CREMATORY Schwartz's MT. CARMEL
LOCATION (City, town, or county) Balto Md (State)
DATE REC'D BY LOCAL REG. 4/28/50
REGISTRAR'S SIGNATURE A. W. Hedgcock
24. FUNERAL DIRECTOR Philip Herwig Sons ADDRESS 2024 Orleans St

33699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03828

BC

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 18 yrs., 5 mths, 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2918 Clifton Park Terrace

3. NAME OF DECEASED (Type or Print): (First) CECELIA (Middle) (Last) KOLITAS

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1871

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Catonsville 28, Md.
Spring Grove State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure (acute)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio Vascular Disease	
	(c) Senility	

443X
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Geo. Bo. Kieffer M.D. Deceased
ADDRESS: 1010 Leadenhall Baltimore
DATE SIGNED: April 25, 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/28/50
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
LOCATION (City, town, or county) (State): 4430 Belair Rd.

DATE REC'D BY LOCAL REG.: 4-26-50
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: John J. Gowan & Son
ADDRESS: 4501 Gaither Pl.

VS. A13A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03829

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balt. 20 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balt 20
LENGTH OF STAY (in this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1205 Shore Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 1205 Shore Rd COUNTY Balt 20
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balt 20
STREET ADDRESS (If rural give location) Stoneybrook ext - Glen Echo Park

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	Roscoe	Korns	4	8	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W		10/23/1910	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MECHANIC	AIRPLANE	IOWA, U.S.	U.S.

13. FATHER'S NAME: MARVIN

14. MOTHER'S MAIDEN NAME: (FERN ROWLAND)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: WIFE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
180X Immediate cause	(a) Carcinoma of left Kidney + Colon	1 yr.
Antecedent cause(s)		
462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) & generalized metastases	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan 6, 1950	carcinoma, inoperable	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 1, 1950, to 4/8, 1950, that I last saw the deceased alive on 4/7, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph J Cameron MD. 30 Chandelle Rd 4/8/50

23. ~~BURIAL~~, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
	Apr 9-50	Hartwick	Victor Iowa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-11-50	Mrs. Nelly Hinley per g.	Wm J. Rickner & Sons	N. Pa Ave.

APR 9 - 1950

33038

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 11 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03830

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.; STREET ADDRESS (If rural, give location) 2330 Jefferson St.

3. NAME OF DECEASED (Type or Print): (First) Bernard (Middle) F. (Last) Lacher

4. DATE OF DEATH: (Month) 4 (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 20-1866

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Lacher

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Addie White 2330 Jefferson St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular D. — Interval Between Onset and Death: 10 yrs

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16, 1950, to 4-18, 1950, that I last saw the deceased alive on 4-18, 1950, and that death occurred at 9 55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Norman Finberg M.D. Spring Grove Hosp. 4-18-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 22-50 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem. — LOCATION (City, town, or county) (State): Balto. Md.

DATE RECD BY LOCAL REG. 4/20/50 — REGISTRAR'S SIGNATURE: A. W. Redick — 24. FUNERAL DIRECTOR: John A. Miller — ADDRESS: 2334 Jefferson St.

03831

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

pf Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Recedo Knoll

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville Baltimore
STREET ADDRESS (If rural, give location): ~~Recedo Knoll~~ 1521 Park Ave

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E. (Last) LANNIN
4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb 29, 1868
9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper & nurse Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Private
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? W.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Carbo - Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feby 1, 1950, to April 2, 1950, that I last saw the deceased alive on Mch 25, 1950, and that death occurred at 2-10 P m. from the causes and on the date stated above.

SIGNATURE: Geo B. Kieffer MD (Degree or title) ADDRESS: 1010 Leeds Ave DATE SIGNED: 4-3 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4-4-50 — NAME OF CEMETERY OR CREMATORY: Cathedral — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 4-4-50 — REGISTRAR'S SIGNATURE: V.E. Harry — 24. FUNERAL DIRECTOR: George A Forley - Catonsville Md ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03832

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 — LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lot 6 Lynnhurst Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Edward (Last) MacDonald
4. DATE OF DEATH (Month) Apr (Day) 18 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 29/64
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Type unk.
10b. KIND OF BUSINESS OR INDUSTRY Locke Insulator Co
11. BIRTHPLACE (State or foreign country) N.Y.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown MacDonald
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Olga Franz, 212 Riverside Ave. Dundolk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Immediate

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. McCarmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS Balto. Co. Dundalk 22 Md DATE SIGNED 4/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/21/50
NAME OF CEMETERY OR CREMATORY Holy Cross
LOCATION (City, town, or county) (State) Arundel County, Md.
DATE REC'D BY LOCAL REG. 4/20/50
REGISTRAR'S SIGNATURE C. W. Hedrick
24. FUNERAL DIRECTOR Wilhom Co Inc 1217 St Paul St ADDRESS

XVX 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

03833

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Leeway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 4 Leeway

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) March Sr.

4. DATE OF DEATH: (Month) April (Day) 21, (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Sept. 11, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman-Bar yard

10b. KIND OF BUSINESS OR INDUSTRY: Bethl. Ship Yard

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WARNER MARCH

14. MOTHER'S MAIDEN NAME: ANNIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: JOHN W. MARCH JR. DUNDALK, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of prostate with metastases to pelvis — Interval Between Onset and Death: 3 years

177X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

51b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1947, to 21 April, 1950, that I last saw the deceased alive on 21 April, 1950, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE: B. W. Dowd (Degree or title) M. D. ADDRESS 2900 Duncan Road, Dundalk, Md. DATE SIGNED 24 April 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: April 24 1950; NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery; LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: April 24 1950; REGISTRAR'S SIGNATURE: W. M. Kelly Jr.

24. FUNERAL DIRECTOR: Roland L. Fisher, ADDRESS: Dundalk, Md.

21640

RECEIVED
APR 25 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

03834

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md | LENGTH OF STAY (in this place) 15 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phila.
STREET ADDRESS (If rural, give location) 314 South 12th St ✓

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Louise (Last) Markoe
4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Feb. 22-1878
9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Traymor Hotel Atlantic City
10b. KIND OF BUSINESS OR INDUSTRY: Supervisor dining room
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Benj. Franklin Mullikin
14. MOTHER'S MAIDEN NAME: Rosalena F. King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 138-03-7333
17. INFORMANT AND ADDRESS: Laura M. Schroeder, Masonic Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 days
331X Antecedent cause(s)		
530 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteris Sclerosis	5 yrs?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatoid arthritis	

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1949, to April 29 1950, that I last saw the deceased alive on April 29, 1950, and that death occurred at 5 40 P. m., from the causes and on the date stated above.

SIGNATURE: Walter T. Rees | (Degree or title) M. D. | ADDRESS: Cockeysville | DATE SIGNED: 29 April 50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 5/3/50 | NAME OF CEMETERY OR CREMATORY: London Park (Crematory) | LOCATION (City, town, or county): Baltimore | (State): Md

DATE REC'D BY LOCAL REG. 5-2-1950 | REGISTRAR'S SIGNATURE: Laura M. Schroeder | 24. FUNERAL DIRECTOR: Wm. Cook | ADDRESS: St. Paul & Preston St

78071

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MAY 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03835

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upperco, R.D. 1 — LENGTH OF STAY (in this place): 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upperco. RD #1
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) Buchanan (Middle) — (Last) Martin
4. DATE OF DEATH (Month) 4 (Day) 5 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Aug. 9-1877
9. AGE last birthday: 72 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Upperco R. D. #1
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ephraim Martin
14. MOTHER'S MAIDEN NAME: Rachel Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs Buchanan Martin Upperco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion (Suddenly) —

420.1 Antecedent cause(s) (b) Arterio-Sclerotic Cardio Vascular Disease — Unknown

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to Apr. 5, 1950 that I last saw the deceased alive on Apr. 2, 1950 and that death occurred at 7:15 P m. from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph E Bush MD — ADDRESS: Hampstead Md — DATE SIGNED: 4/5/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4-9/50 — NAME OF CEMETERY OR CREMATORY: Grace — LOCATION (City, town, or county): Balto Co — (State): Md

DATE REC'D BY LOCAL REG.: 4-7-50 — REGISTRAR'S SIGNATURE: Mary B. ELINE — 24. FUNERAL DIRECTOR: Edw C Gipton, — ADDRESS: Hampstead Md

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03836

CERTIFICATE OF DEATH

Reg. Dist. No. 33-

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Lineboro
LENGTH OF STAY (in this place) 24 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ? Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Lineboro
STREET ADDRESS (If rural, give location) 5 mi. N.E. Lineboro

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Masimore
4. DATE OF DEATH (Month) April (Day) 13 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 30, 1889
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Peter L. List.
14. MOTHER'S MAIDEN NAME Lydia Shue.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Rheumatoid Arthritis	15
7220 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Decubitus Ulcers	1 yr
59a	(c)	Septicemia	1 wk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1950, to April 13, 1950, that I last saw the deceased alive on April 13, 1950, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE W. H. Foard (Degree or title) M.D. ADDRESS Manchester Md DATE SIGNED April 13-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 16 1950
NAME OF CEMETERY OR CREMATORY St. Paul E.U.B. Cem.
LOCATION (City, town, or county) Freeland Balto. Co. (State) Md.
DATE REC'D BY LOCAL REG. 4/15/50
REGISTRAR'S SIGNATURE Chester L. Feeltone
24. FUNERAL DIRECTOR J. Jacob Hartenstein, New Freedom Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
APR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03837 38

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County Baltimore

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mercy Villa

Stay in hospital or insl. (yrs., or mos., or days) 11 yrs

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Leonardtown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cleo H. Mattingley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife T. Lee Mattingly

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 18, 1880

8. AGE: Years	Months	Days	If less than one day
69	11	22	____ hrs. ____ min.

9. Birthplace Chaptico St Marys Maryland (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Zachariah Hayden

13. Birthplace St Marys Co

MOTHER 14. Maiden name Sophia Johnson

15. Birthplace St Marys Co

16. Informant Mrs Grace Guy

Address 618 East 40th St Balto Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April-11-1950 (month) (day) (year)

Cemetery or crematory St Josephs cemetery

Location Mechanicsville Maryland

18. Funeral director Jos C. Mattingley

Address Leonardtown Md

19. 4/10/50 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1950, at 10:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1947 to April 8 1950, and that I last saw her alive on April 8 1950

Immediate cause of death	DURATION
Cystic bronchiectasis, bilateral	7yrs
Due to	
Due to	
Other conditions Generalized arteriosclerosis	8

(Include pregnancy within 3 months of death)

Major findings:

Of operations 526

Of autopsy 1061

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

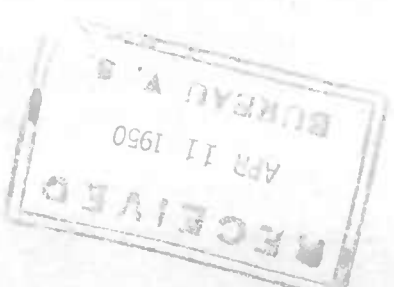
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frederick J. Vollmer M. D. or other

Address 6100 York Road Balto 12 Date signed Apr 8, 50.

D Bacon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APR 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03838

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY ~~Carroll~~ Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural) LENGTH OF STAY (in this place) 87
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grace Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Carroll~~ Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural)
STREET ADDRESS (If rural, give location) Grace Road.

3. NAME OF DECEASED (Type or Print) (First) Joshua (Middle) Grant (Last) Mays
4. DATE OF DEATH (Month) April (Day) 7 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 24, 1863
9. AGE last birthday 87 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Mt Carmel Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Abraham Mays
14. MOTHER'S MAIDEN NAME Lydia Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Jessie Peregory, Hampstead, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	-5 yrs
Antecedent cause(s)	(b) Congestive Heart Failure	2 wks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 28, 1950, to April 7, 1950, that I last saw the deceased alive on April 7, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE W. H. Foard (Degree or title) M.D. ADDRESS Manchester, Md DATE SIGNED April 7-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr. 10, 1950
NAME OF CEMETERY OR CREMATORY Mt. Carmel
LOCATION (City, town, or county) Mt. Carmel, Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. 4-12-50
REGISTRAR'S SIGNATURE Mary B. Eline.
24. FUNERAL DIRECTOR Landon M. Brooks, Sparks, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03839

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 McCormick Ave.	STREET ADDRESS (If rural give location) 100 McCormick Ave.

3. NAME OF DECEASED (Type or Print)	(First) HATTIE	(Middle) L.	(Last) McCORMICK	4. DATE OF DEATH	(Month) April	(Day) 4th,	(Year) 1950
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 3rd, 1866	9. AGE last birthday 83 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Balto. Co., Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME John E. Swift	14. MOTHER'S MAIDEN NAME Tillie Hurt						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Lillian Holt, 100 McCormick Ave.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Arteriosclerotic Cardio-vascular Disease	8 yrs
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalised arteriosclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11, 1942 to 4-3-, 1950, that I last saw the deceased alive on 4-3-, 1950, and that death occurred at 7 10 A m., from the causes and on the date stated above.

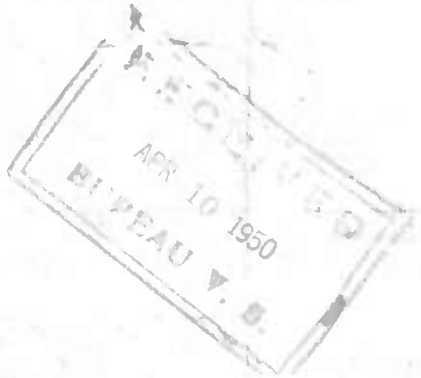
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Milton C. Lang,	M.D	2117 Belair Rd	4-6-50

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF Apr. 7, 1950	NAME OF CEMETERY OR CREMATORY Parkwood	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. Apr. 6-1950	REGISTRAR'S SIGNATURE Mrs. A. L. Rufsnider	24. FUNERAL DIRECTOR Lassahn Funeral Home	ADDRESS 7401 Belair Rd.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15


RECEIVED
APR 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03840

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Nova | LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Nova
STREET ADDRESS (If rural give location) 6811 Campfield Rd

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) (Last) Mc Donald
4. DATE OF DEATH: (Month) Apr (Day) 6 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Apr 7 1858
9. AGE last birthday: 91 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Harford Co. Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jacot
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mrs Thos Kalbaugh (Supt)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) - Arterio Sclerotic Heart Disease — 10 yrs

932 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Generalized Arterio-Sclerosis. — 5 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1940, to April 6, 1950, that I last saw the deceased alive on March 31 1950, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Earl L. Chambers MD 4108 Liberty Hts Balto 7 Md.

BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 4/8/50 | NAME OF CEMETERY OR CREMATORY St Pauls | LOCATION (City, town or county) Woodlawn (State) Md

DATE REC'D BY LOCAL REG. April 8th 1950 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR L Heeman & Son | ADDRESS 6067 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03841 38

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

260

1. PLACE OF DEATH:
County: Baltimore
City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Twenty-four years.
Hospital, Institution, or street address where death occurred: 1001 W Joppa Road Towson 4, Md.
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Towson,
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 1001 W. Joppa Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Sister Mary Alphonsa McLaughlin | **3.(b) Social Security Number** none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6.(b) Name of husband or wife: ------
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 20, 1866

8. AGE: Years	Months	Days	If less than one day
83	8	11	hrs. min.

9. Birthplace: County Dublin, Ireland. (Town, county, and state)
10. Usual occupation: Nun
11. Industry or business: Convent
FATHER 12. Name: Patrick McLoughlin,
13. Birthplace: Ireland
MOTHER 14. Maiden name: Mary Coughlan,
15. Birthplace: Ireland.
16. Informant: Misson Helpers Convent Records,
Address: 1001 W. Joppa Rd., Towson, Md.
17. burial (Burial, cremation, or removal. Which?) Date thereof 4/4/50 (month) (day) (year)
Cemetery or crematory: Mission Helpers Convent Cemetery,
Location: 1001 W. Joppa Rd., Towson Md.
18. Funeral director: LeVernon Lemmon.
Address: 4611 Park Heights Ave. Baltimore, Md.
19. April 3 1950 (Date rec'd by registrar) A W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1, 1950, at 5:13 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1950, to April 1, 1950 and that I last saw h.er alive on April 1, 1950

Immediate cause of death	Cerebral Accident	DURATION 4 5 minutes
Due to	Hypertensive Cardio-Vascular disease	15 years
Due to	Hypertension	
Other conditions	Diabetes Mellitus	15 years

443 61
(Include pregnancy within 3 months of death)
Major findings of operations: No
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Patrick C Phelan M.D.
M.D. or other
Address: 201 W Madison St. Baltimore 1, Md. Date signed: April 1, 50

V3491

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03842

38

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Timonium
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 35 OAKWAY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Timonium
STREET ADDRESS (If rural, give location) 35 Oakway Road

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Garber (Last) McMullen

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.

8. DATE OF BIRTH: March 17, 1880

9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: General Merchandise

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: Lydia Garber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 216-07-8275

17. INFORMANT AND ADDRESS: Mrs. Ethel Danner, Timonium, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X — Immediate cause (a) Cerebral hemorrhage - Right hemiplegia — Interval between onset and death: 2 days.

83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1950, to April 22, 1950, that I last saw the deceased alive on April 21, 1950, and that death occurred at 5:05 A.m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Shurill (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 4/22/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: April 25, 1950 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery — LOCATION (City, town, or county) (State): Woodlawn, Balto. Co., Md.

DATE RECD BY LOCAL REGISTRAR: 4-24-50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Md.

27819

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03843

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 636 Mosher Street

3. NAME OF DECEASED (Type or Print): (First) WADE (Middle) H. (Last) MEARS

4. DATE OF DEATH: (Month) APRIL (Day) 5, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-25-96

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Bartender

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Keller, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 218-01-9418

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) TUBERCULOSIS, PULMONARY, BILATERAL, — 5 Mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3- VA, 1950, to 4-5-, 1950, that I last saw the deceased alive on ..., 19..., and that death occurred at 3:05 P. m., from the causes and on the date stated above.

SIGNATURE: H.C. Manaugh — (Degree or title): H.C. MANAUGH, M.D. — ADDRESS: Chief Pro. Services, VAH, Ft. Howard, Md. — DATE SIGNED: 4-5-50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 4-7-50 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL — LOCATION (City, town, or county) (State): BALTIMORE, Md.

DATE REC'D BY LOCAL REG.: April 6-1950 — REGISTRAR'S SIGNATURE: A.W. Adkins — 24. FUNERAL DIRECTOR: CHAS. R. LAW — ADDRESS: 802 MADISON AVE-1

98

7071

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03844

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 5 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 2010 W. Lanvale Street

3. NAME OF DECEASED (Type or Print)	(First) RICHARD	(Middle)	(Last) MOSELEY	4. DATE OF DEATH	(Month) April	(Day) 24,	(Year) 1950
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH 5-12-97	9. AGE last birthday 52 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical Work	10b. KIND OF BUSINESS OR INDUSTRY Social Security	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME William Moseley		14. MOTHER'S MAIDEN NAME Dora Whitehead					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If year, give war or dates of service) WW-I	16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) UREMIA	10 Days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) MALIGNANT HYPERTENSION	2 Years.
	(c)	

445x
132.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 4-19-, 1950, to 4-24-, 1950, ~~that I last saw the deceased~~ ~~[illegible]~~ death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Padget PAUL PADGET, M. D.		VAH, Ft.Howard, Md.	4-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 4/27/50	NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery	LOCATION (City, town, or county) (State) Norlina, N. C.
DATE REC'D BY LOCAL REG. 4/27/50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Charles R. Law, 802 Madison Ave., Balto., Md	ADDRESS

Shipped to: Elmo Alexander Funeral Home, Norlina, N. C. 26097

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03845

FILM No. G 125 MAY 3 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore County; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Joy-Hall-19 Hanover Ave Essex-Md

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Box-150-Route 10; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows-Point-Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) PRENTICE (Middle) DVer. GRANT (Last) MOSES

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: MAY-20-1869

9. AGE last birthday: 80 Yr. yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): CALAIS-MAINE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho Pneumonia — Interval Between Onset and Death: 5 days

352 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia - right side — 17 days

832

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 18, 1950, to April 23, 1950, that I last saw the deceased alive on April 22, 1950, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irving R Beck MD ADDRESS 901 Fuselage Av Baltimore 20 Md DATE SIGNED 4/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 4-24-50

NAME OF CEMETERY OR CREMATORY: Saco Maine

LOCATION (City, town, or county) (State): Saco Maine

DATE REC'D BY LOCAL REG.: 4-24-50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Earl B Wolverton ADDRESS 403-E-25th St. XVXXI

VS. A151

Evidence for addition of #21 shown on:

FILM No. G 125 APR 18 1950

03846

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longreen Md
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Green Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) C. (Last) Naffziger

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 29-1866

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel K. Mast

14. MOTHER'S MAIDEN NAME: Elizabeth Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Lewis M. Naffziger Long Green Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture neck of Femur & shock	3 day
903.0 Antecedent cause(s)	(b) Cardiovascular disease	4 yrs
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): March 30, 1950 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? fall from a chair (4/17/50 akc)

22. I hereby certify that I attended the deceased from March 30, 1950, to April 2, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 2:30 m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: Hammett Baldwin Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: April 5-50
NAME OF CEMETERY OR CREMATORY: Fork Methodist Cem
LOCATION (City, town, or county) (State): Fork Md.

DATE REC'D BY LOCAL REG.: April 5-50
REGISTRAR'S SIGNATURE: C. E. Arthur D.F.
24. FUNERAL DIRECTOR: C. E. Arthur ADDRESS: Fork Md.

RECEIVED
APR 12 1950
BUREAU V. S.

03847

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa
LENGTH OF STAY (in this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Henderson Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa
STREET ADDRESS (If rural give location) 50 Henderson Road

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) THOMAS (Last) NELSON
4. DATE OF DEATH (Month) 4 (Day) 23 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7/6/1908
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY U.S.Army
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT U.S.Army Camp Holibird Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular

93d (c) Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. B. Davis MD (Degree or title) Dep. Med. Examiner ADDRESS Dundalk-12-Md. DATE SIGNED 4/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/27/1950
NAME OF CEMETERY OR CREMATORY Arlington National Cem.
LOCATION (City, town, or county) (State) Arlington, Va.

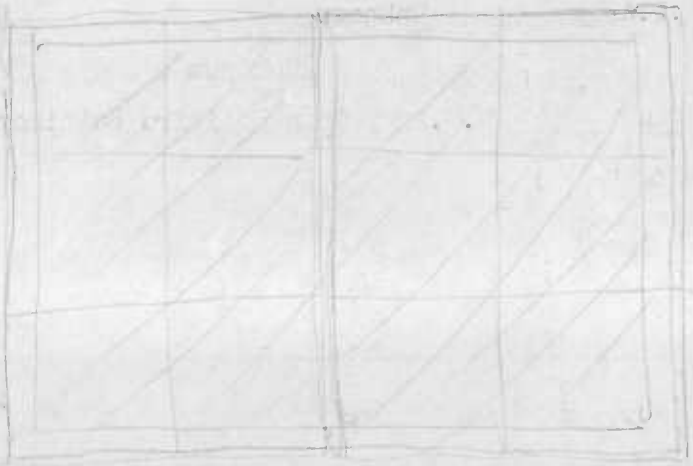
DATE REC'D BY LOCAL REG. 4/25/50
REGISTRAR'S SIGNATURE A. W. Hedrich per ghl
24. FUNERAL DIRECTOR Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St. Balto. Md.

60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

03848

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 11 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George's County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) MILLARD (Middle) C. (Last) OGDEN

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 22, 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months 11, Days 26, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Farm owner

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Ogden

14. MOTHER'S MAIDEN NAME: Catherine Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Spring Grove State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	Unknown
715x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 153	(b) Toxema	Unknown
	(b) Septicemia	Unknown
	(c) Large decubitus ulcer on buttocks	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition — Indefinite

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1950, to April 17, 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. S. Wilkinson M.D. Spring Grove State Hospital Catonsville, 28, Md. 4/18/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 20-1950	Bell's M. E. Cemetery	Camp Springs Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 18-1950	Victor E. Harris	Simmons Bros.	2007 Nichols Ave. S.E. Washington, D.C.

RECEIVED
APR 19 1950
BUREAU Y. S.

Evidence for change of age shown on:

FILM No. G 126 JUN 6 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03849

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE White Hall COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mary Elizabeth Openshaw

4. DATE OF DEATH (Month) (Day) (Year): April 19 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept. 22, 1880
9. AGE last birthday: 69 70 yrs. If under 1 year: Months 6 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Co
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emanuel Wilhelm
14. MOTHER'S MAIDEN NAME: ~~[illegible]~~ Mary E Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Mrs. Amelia M. Barett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmorrhage — Interval Between Onset and Death: 17 days

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — do not [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 2, 1950, to Apr 19, 1950, that I last saw the deceased alive on Apr 19, 1950, and that death occurred at White Hall, from the causes and on the date stated above.

SIGNATURE: Milner Bostner M.D. (Degree or title) ADDRESS: White Hall Md. DATE SIGNED: Apr. 14 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: April 23 '50
NAME OF CEMETERY OR CREMATORY: West Liberty
LOCATION (City, town, or county): White Hall (State): MD

DATE REC'D BY LOCAL REG.: April 19, 1950
REGISTRAR'S SIGNATURE: Mrs Howard S. Marklin
24. FUNERAL DIRECTOR: Howard S. Marklin ADDRESS: White Hall Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1950
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 38

BIRTH NO. 03850

1. NAME OF DECEASED (Type or Print) Mary Elizabeth Parker

2. DATE OF DEATH April 18-50

3. PLACE OF DEATH:
A. Baltimore City; Maryland 511 Murdock Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ANNDESHIE

C. Length of stay in Baltimore Life Time — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 511 Murdock Road. Balto Co.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Married	Feb 20-1903	47				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Smith

14. MOTHER'S MAIDEN NAME Louise Wilk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Stewart W. Parker ADDRESS 511 Murdock Road.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO (B) Metastatic - Breast — 5 1/2 yrs

DUE TO (C) Pulmonary Edema — 1 hour

170x ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

50

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION July 2 - 49

19B. MAJOR FINDINGS OF OPERATION Generalized Carcinomatosis

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1 1950 *to* Apr 18, 1950, *that I last saw the deceased alive on* Apr. 16, 1950, *and that death occurred at* 10.40 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Charles L. Warner M. D.

23B. ADDRESS 421 Med. Arts Bldg

23C. DATE SIGNED 4/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 21 50

24C. NAME OF CEMETERY OR CREMATORY Baltimore, Cem.

24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR 4/19/50

REGISTRAR'S SIGNATURE A. W. Hedrick

25. FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03851

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft, Howard — LENGTH OF STAY (in this place): 2 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eastport
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location): 409 5th St.,

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle)	(Last) PARKINSON	4. DATE OF DEATH	(Month) April (Day) 6, (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: 8-2-1872	9. AGE last birthday: 77 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter	10b. KIND OF BUSINESS OR INDUSTRY: Self employed	11. BIRTHPLACE (State or foreign country): Annapolis, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Joseph Parkinson	14. MOTHER'S MAIDEN NAME: Susan (Moss ?)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): SAWAR	16. SOCIAL SECURITY No.: Unknosn	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 Days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	3 Days
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Cardio-vascular disease	Unknown

332x

93d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No XX
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 4-4-, 1950, to 4-6-, 1950, ~~that I last saw the deceased alive on ..., 19..., and that~~ death occurred at 3:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D. Chief Pro. Services		VAH, Ft.Howard, Md.	4-6-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4-8-50	St. Ann's Cemetery	Annapolis, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 8, 1950	Dr. Dawson L. Faber	John Taylor, Annapolis, Md.	

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1950
BUREAU W. B.

03852

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sutherville
LENGTH OF STAY (in this place): 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Burton Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sutherville
STREET ADDRESS (If rural, give location): Burton Ave.

3. NAME OF DECEASED (Type or Print): (First) Lawrence (Middle) — (Last) Parks

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 25, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Balto Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Parks

14. MOTHER'S MAIDEN NAME: Sarah Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Mrs. Lawrence Parks, Sutherville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 1/2 hr.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Coronary sclerosis — 4 yrs.

(c) Hypertension - arteriosclerotic cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 [illegible], to April 19, 1950, that I last saw the deceased alive on April 19, 1950, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elizabeth B. Sherrill	M.D.	Cockeysville, Md.	April 19, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 22, 1950	Jessops	Sparks, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 20-50	Wilmer C. Fraser	London M. Brooks	Sparks Md.

866VV

RECEIVED
APR 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03853

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
LENGTH OF STAY (in this place): 60 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1928 AUGUSTA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
STREET ADDRESS (If rural, give location): 1928 AUGUSTA AVE.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) MICHAEL (Last) PASCOR

4. DATE OF DEATH: (Month) APRIL (Day) 18 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Nov. 12, 1890

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRESS OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL Co.

11. BIRTHPLACE (State or foreign country): BALTO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: MICHAEL PASCOR

14. MOTHER'S MAIDEN NAME: MARY KOPERA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-01-2852

17. INFORMANT AND ADDRESS: MRS. ETHEL PASCOR 1928 AUGUSTA AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 6 wks

260 X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitis — 9 Months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1950, to April 18, 1950, that I last saw the deceased alive on April 18, 1950, and that death occurred at 11.30 A.M., from the causes and on the date stated above.

SIGNATURE: E R Evans (Degree or title) — ADDRESS: 1 Liberty Parkway — DATE SIGNED: April 19, 1950

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: APR. 21, 1950

NAME OF CEMETERY OR CREMATORY: ST. STANISLAUS

LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE REC'D BY LOCAL REG.: April 20-1950

REGISTRAR'S SIGNATURE: N. M. Kelly Jr.

24. FUNERAL DIRECTOR: ROLAND L. FISHER, DUNDALK, MD — ADDRESS

49629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03854

CERTIFICATE OF DEATH BC

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5105 Woodside Road

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) CRAWFORD (Last) PEDDICORD
4. DATE OF DEATH (Month) April (Day) 30th (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	2/27/1886	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Mens supplies	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eli T. Peddicord	Mollie Rowles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	218-07-5540A	Mrs. H. Alvan Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 mo
Antecedent cause(s)	(b) H. C. V.D., Arteriosclerosis, Arterial nephrosclerosis	years.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic hypochromic anemia, Parkinson's Disease. years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb, 1950, to Apr. 30, 1950, that I last saw the deceased alive on Apr 30, 1950, and that death occurred at 12 noon from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Norman R. Freeman	M. D.	11 W. 29th St.	5/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/2/50	Oak Grove	Glenwood Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/1/50	V. E. Harry	Easton Sons	Catonsville Md.

27872

VS. A15

RECEIVED
MAY 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03855

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: 123 Newburg Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 123 Newburg Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Harry W. Peirson

3. (b) Social Security Number: 215 05 9914

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Married

6.(b) Name of husband or wife: Elma New Peirson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 20, 1885

8. AGE: Years	Months	Days	If less than one day
65		15	..... hrs. ..... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Ass't Treasurer

11. Industry or business: Mid City Sales Co.

FATHER — 12. Name: Harry W. Peirson

FATHER — 13. Birthplace: Unknown

MOTHER — 14. Maiden name: Imogene Oursler

MOTHER — 15. Birthplace: Unknown

16. Informant: Mrs. Elma Peirson, (wife)

Address: 123 Newburg Ave. Catonsville, 28, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 8/50 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Rd. Baltimore, 29, Md.

18. Funeral director: Harry A. Wiltse

Address: 4101 Edmondson Ave.

19. 4-7-50 (Date rec'd by registrar) 19.. V.E. Harry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 6/50 19.. at 4.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1949 to April 6 1950 and that I last saw h.i.m. alive on 6 April 1950

Immediate cause of death	DURATION
Cerebral hemorrhage, massive,	
left hemisphere	4 hours
Due to: Hypertension, severe	Unknown
Due to: —	
Other conditions: —	

331K

83a

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Stephen Leg Magness MD

M.D. or other

Address: Catonsville Date signed April 7 1950

15664

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; 1 the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU U. S.
APR 11 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03856

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 6 yrs., 1 mth. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Illchester
STREET ADDRESS (If rural, give location): Illchester Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDWIN	GIBBINS	PHILLIPS	April	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	April 1, 1921	29 yrs.	0	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Baltimore, Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L. F. Phillips	L. Malchester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Spring Grove State Hospital, Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
587.0 Immediate cause	(a) Cardio-respiratory Failure and shock	Indefinite
128 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute abdominal catastrophe, probably acute pancreatitis	Unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Residual effects of lobotomy	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar. 11, 1944, to April 18, 1950, that I last saw the deceased alive on April 18, 1950, and that death occurred at 9:35 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Noah S. Mackenzie M.D.		Spring Grove St. Hospital	4/18/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-21-50	St Mary's	Ilchester Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/19/50	V. E. Harry	J. C. Higinbotham, Ellicott City Md	

RECEIVED
APR 21 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03857

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Carmel School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 1520 Pielert Ave.

3. NAME OF DECEASED (Type or Print) (First) Mabel (Middle) A (Last) Pielert
4. DATE OF DEATH (Month) 4 (Day) 18 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 27, 1885
9. AGE last birthday 64 yrs. If under 1 year Months 6 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME John Sweeney
14. MOTHER'S MAIDEN NAME Anna Curlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Joseph Sweeney - 1520 Pielert Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 m.

420.1 gila

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. W. Davis M.E. (Degree or title) Dept. Med. Exam. ADDRESS Dundalk Md DATE SIGNED 4/20/50

23. BURIAL, CREMATION REMOVAL, (Specify) Burial
DATE THEREOF 4/21/50
NAME OF CEMETERY OR CREMATORY New Cathedral Cem.
LOCATION (City, town, or county) Old Frederick Rd. (State) Md.

DATE REG'D BY LOCAL REG. 4/20/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John B. Connelly. ADDRESS Essex 21, Md.

V 349

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03858

Reg. Dist. No. 45

1. PLACE OF DEATH:

County: BALTIMORE

City or town: RURAL CHASE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 YEARS

Hospital, institution, or street address where death occurred:
Ebenezer Road

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Chase
(If outside city or town limits, write RURAL and give nearest town)

Street No. Ebenezer Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: FREDERICK MARTIN PORTER

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife: Lena E. Porter

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 17th, 1871

8. AGE: Years	Months	Days	If less than one day
79	1	25	...hrs. ...min.

9. Birthplace: Balto. Co., Md. (Town, county, and state)

10. Usual occupation: Truck Farmer

11. Industry or business: Own Farm

FATHER
12. Name: George Porter
13. Birthplace: Md.

MOTHER
14. Maiden name: Josephine Meyers
15. Birthplace: Unknown

16. Informant: Mrs. John Bishop
Address: Ebenezer Rd., Chase, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof: April 16, 1950 (month) (day) (year)

Cemetery or crematory: Zion Lutheran Cemetery

Location: Stemmers Run, Md.

18. Funeral director: Lansdale Funeral Home

Address: 7401 Belair Road

19. 4/14/50 (Date rec'd by registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/12 1950, at 10:30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/4 1950, to 4/12 1950

and that I last saw h. l.m. alive on 4/4 1950

Immediate cause of death: UREMIA DUE TO RENAL SHUTDOWN AND ANURIA — DURATION: 8 DAYS

Due to: HYDRONEPHROSIS

Due to: PROSTATIC OBSTRUCTION

Other conditions: HYPERTENSIVE CARDIO-VASCULAR DISEASE
(Include pregnancy within 3 months of death)

Major findings of operations: —

610 93d — Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: C. W. Stewart Jr. M.D. (M. D. or other)

Address: EDGEWOOD, MD. Date signed: 4/12/50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03859 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cottage Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
STREET ADDRESS (If rural, give location) Willow Ave

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Tilden (Last) Preston
4. DATE OF DEATH (Month) April (Day) 15 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 12, 1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Home building
11. BIRTHPLACE (State or foreign country) Maryland, U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles R. Preston
14. MOTHER'S MAIDEN NAME Margaret Prissila Hildt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 217-03-6142
17. INFORMANT Wife: Mrs Elizabeth Ann Preston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma, bladder; general metastasis with cachexia	3 yrs
181x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 52b	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart disease, myocarditis, chronic — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1935, to April 15, 1950, that I last saw the deceased alive on April 6, 1950, and that death occurred at 11:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rollin C. Hudson MD. ADDRESS Towson Md DATE SIGNED 4/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 18, 1950
NAME OF CEMETERY OR CREMATORY Prospect Hill Cem.
LOCATION (City, town, or county) (State) Towson, Md.

DATE REC'D BY LOCAL REG. 4/17/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John Burns Sons, Towson, Md. ADDRESS

308 V9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03860 Reg. Dist. No. 4C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard,
LENGTH OF STAY (in this place) 94 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hsop. Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 105 E. 21st St.

3. NAME OF DECEASED (Type or Print): (First) GILBERT (Middle) R. (Last) PRICE

4. DATE OF DEATH: (Month) Apr. (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12-28-14

9. AGE last birthday: 35 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Shamokin, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ray Price

14. MOTHER'S MAIDEN NAME: Bessie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: 218-05-7544

17. INFORMANT AND ADDRESS: Clin.Rec. Vets.Adm. Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolus — Interval Between Onset and Death: sudden

466 X
Antecedent cause(s)
13b
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Thrombosis of femoral veins
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 18, 1950 XXXX

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 03861 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ship yard

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 13
STREET ADDRESS (If rural, give location) 1730 E. Lafayette Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) R (Last) Pritchett
4. DATE OF DEATH (Month) Apr (Day) 26 (Year) 50

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 13, 1901
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coppersmith
10b. KIND OF BUSINESS OR INDUSTRY Bethl Steel Co
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Maurice Pritchett
14. MOTHER'S MAIDEN NAME Rosa C. Hooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-09-5473
17. INFORMANT Florence Pritchett 1730 E Lafayette ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Immediate.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W M Carmine M.D. (Degree or title) Deputy Medical Examiner Balto Co. Dundalk 22 Md ADDRESS DATE SIGNED 4/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 1 - 1950
NAME OF CEMETERY OR CREMATORY Baltimore
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 4/28/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Clarence F Hoffman 1639 Broadway ADDRESS

36229

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC Reg. Dist. No. 03862

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1126 McKean Avenue

3. NAME OF DECEASED (Type or Print): (First) HUGH (Middle) (NMI) (Last) RAMSUER

4. DATE OF DEATH (Month) April (Day) 27 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 3/14/08

9. AGE last birthday 42 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Chemical Co.

11. BIRTHPLACE (State or foreign country) Lincoln, N. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Ramsuer

14. MOTHER'S MAIDEN NAME Fannie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWII

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Clin.Records, Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY EDEMA — Sudden

Antecedent cause(s) 592X

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131b (b) CHRONIC NEPHRITIS — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC HYPERTROPHY — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from April 25, 1950, to April 27, 1950, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) ADDRESS DATE SIGNED

IRVING FREEMAN, M.D., ACTING CHIEF, MEDICAL SERVICE, VAH, FT. HOWARD, MD. 4/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 5-2-1950 NAME OF CEMETERY OR CREMATORY Balto.National Cemetery LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 5/1/50 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Katie R. Williams, 322 N.Schroeder St.Balto.

98817

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03863 42

Reg. Dist. No.

1. PLACE OF DEATH:

County: Baltimore

City or town: Relay

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs.

Hospital, institution, or street address where death occurred:

4944 Hazel Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Relay

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 4944 Hazel Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: John Rattel

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male ~~Male~~	W.	Widowed

6.(b) Name of husband or wife: late Carolyn McDonald Rattel 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 13, 1856

8. AGE: Years	Months	Days	If less than one day
93	4	3	..... hrs. ..... min.

9. Birthplace: Ill. (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER — 12. Name: ---------Rattel

13. Birthplace: Unknown

MOTHER — 14. Maiden name: Martha Taylor

15. Birthplace: Unknown

16. Informant: Mrs. Harold Hutson. (daughter)

Address: 4944 Hazel Ave. Relay, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: April 17/50 (month) (day) (year)

Cemetery or crematory: Lakewood Cemetery

Location: Minneapolis, Minnesota.

18. Funeral director: Harry H. Witzke

Address: 4101 Edmondson Ave.

19. 4/17/50 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 16, 1950 at 5:30 A.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1947 to April 16 1950 and that I last saw him alive on April 14 1950

Immediate cause of death	DURATION
Arteriosclerotic Cardio-Vascular Disease.	about 10 yrs
Due to	
Due to	
Other conditions Bronchial asthma	50 yrs

422.1 (Include pregnancy within 3 months of death)

Major findings of operations: 93d. Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Leo J Gava M.D. M. D. or other

Address: Baltimore, Md. Date signed: 4/17/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03864

CERTIFICATE OF DEATH BC

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md | LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4105 Belvieu Av, Arlington

3. NAME OF DECEASED (Type or Print): (First) Emmett (Middle) P. (Last) Reede
4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept. 12-1870
9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Manufacturers agent
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Reede
14. MOTHER'S MAIDEN NAME: Marion L. Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure — 3 mos
450.0
Antecedent cause(s)
87c
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis — 5 yrs ?
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons Disease — 5 yrs ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1946 to April 2, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 5:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wallis T. Kees — ADDRESS: Cockeysville Md — DATE SIGNED: 4/2/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 4-5-50 | NAME OF CEMETERY OR CREMATORY: London Park | LOCATION (City, town, or county): Baltimore | (State): Md

DATE REC'D BY LOCAL REG.: 4-3-50 | REGISTRAR'S SIGNATURE: Laura M. Schroeder | 24. FUNERAL DIRECTOR: Wm. Cook, St Paul & Preston | ADDRESS

27844

RECEIVED
APR 4 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03865

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore. 19. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1319 North Dakota Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE as COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ww
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) JOSEPHINE (Last) RESSLER.

4. DATE OF DEATH: (Month) April (Day) 7. (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: May 6. 1869 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework.

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): St. Francois. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Miles

14. MOTHER'S MAIDEN NAME: Caroline Elizabeth. Brocon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Herman J. Ressler (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443X Immediate cause	(a) Cerebral Thrombosis.	15 days.
61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease.	12 yrs.
	(c) Previous cerebral Thrombosis -	2 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus. 3 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1950, to April 7, 1950, that I last saw the deceased alive on April 7, 1950, and that death occurred at 11 50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis. M. Tollin M.D. 6908 North Point Rd Balto. 19. 4-8-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF apr 10, 1950 | NAME OF CEMETERY OR CREMATORY Oaklawn | LOCATION (City, town, or county) Eastern Ave (State) Md

DATE REC'D BY LOCAL REG. April 8. 1950 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR Mildred T. Blight | ADDRESS 6009 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03866

Reg. Dist. No. 238

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1728 W. Fayette

3. NAME OF DECEASED (Type or Print) (First) CATHERINE (Middle) ELIZABETH (Last) RICE

4. DATE OF DEATH (Month) April (Day) 9 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-9-1911
9. AGE last birthday 38 yrs. If under 1 year Months ✓ Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Clerk
10b. KIND OF BUSINESS OR INDUSTRY unknown
11. BIRTHPLACE (State or foreign country) Charles County, Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Walter Rice
14. MOTHER'S MAIDEN NAME Mary E Maloney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Pulmonary tuberculosis	Since 1931
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 22, 1941, to Apr 9, 1950, that I last saw the deceased alive on April 9, 1950, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

SIGNATURE W A Bridges (Degree or title) ADDRESS M.D., Supt., Eudowood Sanatorium, Towson 4, Md. DATE SIGNED 4-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 4/10/50
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem
LOCATION (City, town, or county) Wash. DC (State)

DATE REC'D BY LOCAL REG. 4/10/50
REGISTRAR'S SIGNATURE H. W. Hedrick DM
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md.

26699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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03867

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Phoenix
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stockton Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix (Rural)
STREET ADDRESS (If rural, give location) Stockton, Rd.

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) (Last) Riley
4. DATE OF DEATH (Month) April (Day) 15 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 4-23-1867
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Riley
14. MOTHER'S MAIDEN NAME Mary Jane Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Annie Riley, Phoenix, Balto Co, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage, left.	10 days.
331x Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 yrs or more
	(c) Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart disease, chronic myocarditis — 5 yrs +

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE No (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to April 15 1950, that I last saw the deceased alive on April 7, 1950, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE Bollin C. Hudson M.D. (Degree or title) ADDRESS Towson Md DATE SIGNED 4/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr. 17, 1950
NAME OF CEMETERY OR CREMATORY Clynmalira
LOCATION (City, town, or county) (State) Minkton, Balto Co, Md.

DATE REC'D BY LOCAL REG. 4/16/50
REGISTRAR'S SIGNATURE Anna Pearce Price
24. FUNERAL DIRECTOR Landon M. Brooks, Sparks, Md. ADDRESS

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1950
BUREAU Y. S.

CERTIFICATE OF DEATH

Registered No. 03868

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James K. Robbins

2. DATE OF DEATH: April 7, 1950

3. Baltimore City, Maryland · 415 Riverside Drive
A. Baltimore City, Maryland Essex, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore County
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): 415 Riverside Drive

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 415 Riverside Drive Essex, Maryland

c. Length of stay in Baltimore ~~Lifetime~~ 4 yrs. (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	July 18 1893	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman	Fertilizer factory	Virginia	USA

13. FATHER'S NAME: Unknown-parents died when

14. MOTHER'S MAIDEN NAME: patient was 2 years old.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 215-05-8429

17. INFORMANT: Son ADDRESS: same

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1B. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Squamous cell carcinoma of esophagus	about 10 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 150 X 460	DUE TO (B)	
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-24-50	Carcinoma of the esophagus (biopsy)	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
no		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-20, 1950 *to* 4-7-, 1950 *that I last saw the deceased alive on* 4-6, 1950 *and that death occurred at* 7:15 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Karl F. Mech, M.D. M. D.	11 East Chase Street	4-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-11-50	Moreland Park	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/10/50	Rec. Hedrick	John J. Connelly	418 Eastern Ave 3/14/50 Balto 24 Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

03869

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Balto.
CITY (If outside corporete limits, write RURAL end give nearest town) OR TOWN: Kingsville — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Belair Road	STREET ADDRESS (If rural give location): Belair Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Dey) (Year)
BETTY	M.	ROBERTSON	April 22nd, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	widowed	June 22, 1877	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Balto. Co., Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Mary Horn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	none	Mrs. Lehman Clayton, Belair Rd., Kingsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary insufficiency	1½ years
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above ceuse stating the underlying cause lest	(b) Myocardial sclerosis and generalized arteriosclerosis	several years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not releted to the disease or condition ceusing death.	none	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12.4.48 19..., to 4.22.50, 19..., that I last saw the deceased alive on 4.21.50, 19..., and that death occurred at 2 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John F. Noguera MD. Kingsville Md 4/22/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	April 24, 1950	Fork Christian Cemetery	Kingsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/23/50	[illegible]	Lansdale Funeral Home	7401 Belair Rd.

VS. A15

APR 29 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03870

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5512 Kenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) 5512 Kenwood Ave.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) A. (Last) RODGERS

4. DATE OF DEATH (Month) April (Day) 14th, (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Oct. 9th, 1878
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pipe fitter
10b. KIND OF BUSINESS OR INDUSTRY Gas & Elec. Co.
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Rodgers 212-05-4293A
14. MOTHER'S MAIDEN NAME Amelia Shaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-05-4293A
17. INFORMANT Mrs. Emma Ulrich, 5512 Kenwood Ave. Balto. 6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, lobar — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

490x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

108

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — 18 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1950, to April 14, 1950, that I last saw the deceased alive on April 13, 1950, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE Adam J. Swiss, (Degree or title) M.D. ADDRESS 6232 Belair Rd, DATE SIGNED April 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Apr. 17, 1950
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. Apr. 16-1950
REGISTRAR'S SIGNATURE Mrs. A. L. Reifsnider
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

3488V

RECEIVED
APR 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03871 BC

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Opitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3001 Erdman Avenue ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): J. GEORGE ROTH

4. DATE OF DEATH (Month) (Day) (Year): April 28th., 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 16, 1881

9. AGE last birthday: 68 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Retail

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Roth

14. MOTHER'S MAIDEN NAME: Elizabeth Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): X

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Clara Roth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	CEREBRAL HEMORRHAGE WITH PARAPLEGIA.	3-4 month
331/x Antecedent cause(s)	(b)	ARTERIO°VASCULAR HYPERTENSION.	1-2 YEARS
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NO m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1950 to April 28 50 that I last saw the deceased alive on April 26 1950, and that death occurred at 2.30 P. m., from the causes and on the date stated above.

SIGNATURE: J. Clyde Swann (Degree or title): M.D. ADDRESS: Catonsville Md DATE SIGNED: 4/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: May 2, 1950 | NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 4/30/50 | REGISTRAR'S SIGNATURE: V E Harry | 24. FUNERAL DIRECTOR: Ulrich Funeral Home | ADDRESS: 2004 Orleans St. Balto. 31, Md.

26660

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1950
BUREAU W. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03872

CERTIFICATE OF DEATH

Reg. Dist. No. 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corpect age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Long Green
LENGTH OF STAY (in this place): 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Manor Rd. & Long Green Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Long Green
STREET ADDRESS (If rural, give location): Manor Road and Long Green Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOUISE	$	SCHMIDT	April	4th,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Feb. 7, 1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Harford Co., Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Adam G. Kolk	Rebeccah Trapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	none	Mr. G.Elmer Schmidt, Long Green, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Oedema of Lungs	3 Day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Insufficiency	2 yrs
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute nephritis	1 yrs

422.2
130

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/15, 1947, to 4/4, 1950, that I last saw the deceased alive on 4/4, 1950, and that death occurred at 5 00 m., from the causes and on the date stated above.

SIGNATURE: Walter M. Hammett (Degree or title) — ADDRESS: Baldwin — DATE SIGNED: 4/4

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	April 7, 1950	St. Johns Cemetery	Blenheim, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/5/50	Walter M. Hammett	Rosenbush Funeral Home	7401 Belair Rd.

RECEIVED
APR 12 1950
BUREAU V. S.

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03873

FILM No. G 125 APR 17 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 238

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) 3 Mo. 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 310 Severn Avenue ✓

3. NAME OF DECEASED (Type or Print) (First) Stanis (Middle) (STANISLAUS) (Last) Schimmiger
4. DATE OF DEATH (Month) April (Day) 7 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) single
8. DATE OF BIRTH Jan. 16, 1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY POTTS + CALAHAN CONST. CO.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Schimmingen
14. MOTHER'S MAIDEN NAME Mary Engelman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-12-4077
17. INFORMANT Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
199.1 Immediate cause	(a) Cancer of Neck with generalized metastasis	18 mo
55e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis Faradvanced — 8 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1949, to April 7, 1950, that I last saw the deceased alive on April 6, 1950, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE W A Bridges (Degree or title) ADDRESS M.D., Supt., Eudowood Sanatorium, Towson 4, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 10, 1950
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) (State) Belair Rd. Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/10/50
REGISTRAR'S SIGNATURE AW Hedrick
24. FUNERAL DIRECTOR Schimunek Funeral Home ADDRESS 2601 E Madison Rd.

Dm ✓ 602V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03874

Reg. Dist. No. 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Rural: Baltimore 20 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Jan 1950

Hospital, institution, or street address where death occurred: RD 14 Box 424 Balt: 20

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Balt. City

City or town: Baltimore 24 (If outside city or town limits, write RURAL and give nearest town)

Street No. 332 South Clinton ST. (If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Clara Augusta Sewell

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: Fred Sewell

6.(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Sept 15, 1883

8. AGE: Years	Months	Days	If less than one day
66	7		hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER — 12. Name: Harry Crist; 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Ruth Updegraff; 15. Birthplace: Maryland

16. Informant: daughter Mrs Elvina Milke

Address: RD 14 Box 424 Balt: 20

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/18/50 (month) (day) (year)

Cemetery or crematory: Oaklawn

Location: Baltimore Md.

18. Funeral director: John A. Moran

Address: 5000 E. Balto. 24 Md.

19. 4/17/50 (Date rec'd by registrar) C.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 14 April 1950 at 8:15 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1950 to April 1950 and that I last saw her alive on 12 April 1950

Immediate cause of death	DURATION
Bowel obstruction	6 days
Due to: Carcinoma of colon	Approx 2 Yrs.
Due to:	
Other conditions: Arteriosclerotic cardiovascular disease	

153 (Include pregnancy within 3 months of death)

Major findings of operations: Inoperable carcinoma 46cm of colon Date of op. Oct. 1948

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Charles W. Kerr MD M. D. or other

Address: 815 Eastern Ave. Essex Date signed: 14 April 50

CB
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17

1900
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1883

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03875

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 913 Essex Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural give location): 913 Essex Ave.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) (Last) Shaffer

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1950

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Aug. 16, 1896 | 9. AGE last birthday: 53 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): New York | 12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ---- Markham | 14. MOTHER'S MAIDEN NAME: Mary ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Mr. Chas. M. Shaffer, 913 Essex Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis	2 years
	(c) Diabetes Mellitus	6 years

260 x
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1942 | 19b. MAJOR FINDINGS OF OPERATION: Left Nephrectomy | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to April 12, 1950, that I last saw the deceased alive on April 11, 1950, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE: J M. Baumgardner | (Degree or title): M.D | ADDRESS: Balto 6 Md | DATE SIGNED: 4-12-50

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: Apr. 15, 1950 | NAME OF CEMETERY OR CREMATORY: Seven Valleys Cem. | LOCATION (City, town, or county) (State): Seven Valleys Pa.

DATE REC'D: 4/13/50 | BY LOCAL REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: Lansdale Funeral Home | ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03876

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Hall, RWRAL
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WHITE HALL. RURAL
STREET ADDRESS (If rural, give location): SHANE. BALTO. CO.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) WALTER (Last) SHAW

4. DATE OF DEATH: (Month) APRIL (Day) 4 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN. 5. 1891

9. AGE last birthday: 59 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM LABORER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: MOSES SHAW

14. MOTHER'S MAIDEN NAME: ANNIE HOWARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: SUSIE SHAW · WHITE HALL. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Mitral stenosis & decompensation

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1949, to Apr. 4, 1950, that I last saw the deceased alive on Apr. 2, 1950, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Norman H. Lemmill — ADDRESS: Stewartstown, Pa. — DATE SIGNED: Apr. 4, 1950.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: APRIL-7-1950 | NAME OF CEMETERY OR CREMATORY: PINE GROVE | LOCATION (City, town, or county): SHANE. BALTO. CO. | (State): MD

DATE REC'D BY LOCAL REG. April 6. 1950 | REGISTRAR'S SIGNATURE: Mrs Howard S. Mackline | 24. FUNERAL DIRECTOR: Howard S. Mackline | ADDRESS: White Hall, Md

RECEIVED
APR 7 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03877

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3404 Hopkins Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomfield
STREET ADDRESS (If rural, give location) 3404 Hopkins Ave.

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) F. (Last) SHIPLEY

4. DATE OF DEATH (Month) Apr. (Day) 27, (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 15, 1872

9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Joshua H.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Christian Feeser

14. MOTHER'S MAIDEN NAME Lavina Xander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Joshua H. Shipley, 3404 Hopkins Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic cardio vascular disease	?
	(c)	

002x

13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24, 1944 to 4-24, 1950, that I last saw the deceased alive on 4-24, 1950, and that death occurred at 5:50 P m., from the causes and on the date stated above.

SIGNATURE Carl P Roething MD (Degree or title) ADDRESS 1326 W Lombard St DATE SIGNED 4/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/29/50

NAME OF CEMETERY OR CREMATORY Glen Haven

LOCATION (City, town, or county) (State) Glen Burnie, Md.

DATE REC'D BY LOCAL REG. 4/28/50

REGISTRAR'S SIGNATURE A. W. Hedrich

24. FUNERAL DIRECTOR William Cook Inc ADDRESS 1217 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03878

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY Baltimore · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenleigh
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md · COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Marriott (Last) Shipley

4. DATE OF DEATH (Month) April (Day) 11, (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan. 28 1872

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attendant-nursing

10b. KIND OF BUSINESS OR INDUSTRY State Hospital

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Henry C. Shipley

14. MOTHER'S MAIDEN NAME Helen Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. None

17. INFORMANT H. Dorsey Shipley - Riderwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 **Immediate cause** (a) Arteriosclerotic Cardio Vascular disease — Interval Between Onset and Death: 3 years

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1936, to 11 Apr, 1950, that I last saw the deceased alive on 11 Apr, 1950, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE Charles H. Reis (Degree or title) M.D. ADDRESS 6701 York Rd Balto 12 Md DATE SIGNED 11 Apr 50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-13-50 — NAME OF CEMETERY OR CREMATORY Springfield — LOCATION (City, town, or county) Lutherville (State) Md.

DATE REC'D BY LOCAL REG. April 12, 1950 — REGISTRAR'S SIGNATURE Mrs. A. M. Bacon

24. FUNERAL DIRECTOR C. A. Weis ADDRESS Lutherville, Md.

V3692

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1950
BUREAU V. S.

03879

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Balto - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River (Aero Acres)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 510 Winston Ave.

3. NAME OF DECEASED (Type or Print) (First) J. (Middle) Howard (Last) Sindall

4. DATE OF DEATH (Month) April (Day) 11 (Year) 1950

5. SEX M.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12/6/83

9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Special Investigator

10b. KIND OF BUSINESS OR INDUSTRY Confidential Records Inc.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James W. Sindall

14. MOTHER'S MAIDEN NAME Mary B. Smick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Marguerite Sindall 510 Winston Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	A Coronary Occlusion	—
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive C-V-Disease	—
	(c)		

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W B Davis MD (Degree or title) Dept Med. Exam. - Dundalk - vt Md ADDRESS DATE SIGNED 4/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/15/50

NAME OF CEMETERY OR CREMATORY St. Mary's Govans

LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 4/14/50

REGISTRAR'S SIGNATURE H.W. Hedrick Jm

24. FUNERAL DIRECTOR John A. Moran ADDRESS 3000 E. Balto. St.

20083

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

03881

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

BC Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 2 years, 2 months, 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3463 Childs Court ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOIS	E.	SOLLARS	April	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	1887	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Composer Housewife	Home	West Virginia	U.S.

13. FATHER'S NAME: Frazer Perry Stehley
14. MOTHER'S MAIDEN NAME: Ella Martha Avis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Spring Grove St. Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular Lues

422.1 930 (c) Malnutrition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. McKinstry MD	Gen Pathologist	1010 Leadenhall	April 17 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/19/50	Oakland Cemetery	Oakland, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-21-50		James H Tyson,	4001 Ritchie Hwy.

OK LL

VS. A15A

360°

MARYLAND STATE DEPARTMENT OF HEALTH

03881

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk-22
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural give location) 320 Cleveland ave

3. NAME OF DECEASED (Type or Print): (First) Constance (Middle) (Last) Stankus

4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1950

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 10-1885

9. AGE last birthday: 65 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Selling Coats & Suits

10b. KIND OF BUSINESS OR INDUSTRY: Tailor shop

11. BIRTHPLACE (State or foreign country): Lith.

12. CITIZEN OF WHAT COUNTRY? Lith.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Paul Stankus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Occlusion	5 min.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertension C-V-R Disease	5 yrs
131a (c)	Cerebral Accident	3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains deserbed above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. P. Davis M.D. Dept. Med. Exam. Dundalk Md 4/28/50

23. BURIAL, CREMATION REMOVAL (Specify). Burial — DATE THEREOF May 1-1950 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) (State) Belair Rd Balto Md

DATE REC'D BY LOCAL REG. May 1-1950 — REGISTRAR'S SIGNATURE —

24. FUNERAL DIRECTOR ADDRESS Joseph Kasmskas Inc. 602 Wash.

49606 Bag

VS. A15A

03882

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS 316 Dixie Drive	STREET ADDRESS (If rural, give location) 316 Dixie Drive

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) MARTIN	(Last) STAUM	4. DATE OF DEATH	(Month) (Day) (Year) Apr.19,1950 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Mar.6,1900	9. AGE last birthday 50 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Salesman	10b. KIND OF BUSINESS OR INDUSTRY Zell Motor Car Co	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) No 1	16. SOCIAL SECURITY NO. 215-05-2113	17. INFORMANT AND ADDRESS Gladys Staum, 316 Dixie Drive, Towson			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — 1 hour

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1947, to Apr. 19, 1950, that I last saw the deceased alive on Apr 19, 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilfred H. Tannenbaum Jr MD. 14 E. Eager St 4/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/22/50	NAME OF CEMETERY OR CREMATORY Parkwood	LOCATION (City, town, or county) (State) Parkville, Md.
DATE REC'D BY LOCAL REG. 4/21/50	REGISTRAR'S SIGNATURE A. W. Hedrich	24. FUNERAL DIRECTOR Wilhom Cook Inc, 1217 St Paul St	ADDRESS

29869

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

03883

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) May (Last) Talbott

4. DATE OF DEATH (Month) April (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH May 1879
9. AGE last birthday 70 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Co
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John T. Burns
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Walter J. Burns

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 hr
331x Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	15 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Milner Bostner M.D. (Degree or title) ADDRESS White Hall DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 12-50
NAME OF CEMETERY OR CREMATORY Wiseburg
LOCATION (City, town, or county) White Hall (State) MD

DATE REC'D BY LOCAL REG. Apr. 11-1950
REGISTRAR'S SIGNATURE Mrs Howard S. Markline
24. FUNERAL DIRECTOR Howard S. Markline ADDRESS White Hall, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 17 1950
BUREAU V. S.

03884

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7009 Railway Ave.	STREET ADDRESS (If rural give location) 7009 Railway Ave.

3. NAME OF DECEASED (Type or Print) (First) Francis	(Middle) Millard	(Last) Taylor	4. DATE OF DEATH (Month) April	(Day) 1,	(Year) 1950 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan.13, 1899	9. AGE last birthday 51 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME James G. Taylor		14. MOTHER'S MAIDEN NAME Margaret Gross			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Edna Taylor 7009 Railway Ave.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	15 min.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C-V-Disease	3 yrs.
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to April 1, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at 9 30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M B Davis MD.		6860 Morningside Coor - Dundalk Md.	4/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF April 5, 1950	NAME OF CEMETERY OR CREMATORY Orems Cemetery	LOCATION (City, town, or county) (State) Stemmers Run, Md.
DATE REC'D BY LOCAL REG. April 3-50	REGISTRAR'S SIGNATURE A. W. Hedrich	24. FUNERAL DIRECTOR Ullrich Funeral Home 2008 Orleans St.	ADDRESS

32629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03885

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colonial Village
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4105 Lowell Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colonial Village
STREET ADDRESS (If rural, give location) 4105 Lowell Drive

3. NAME OF DECEASED (Type or Print): (First) MADGE (Middle) DONNA (Last) THOMAS

4. DATE OF DEATH: (Month) APRIL (Day) 10th (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 27, 1899

9. AGE last birthday: 50 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Don MacCloskey

14. MOTHER'S MAIDEN NAME: Amy Keithline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mr. Percy B. Thomas Colonial Village 8 4105 Lowell Dr.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 Immediate cause (a) Internal Hemorrhage of abdomen — Interval Between Onset and Death: 6 hrs.

Antecedent cause(s)

48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of the Uterus — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Summer, 19 48, to April, 19 50, that I last saw the deceased alive on April 9, 19 50, and that death occurred at 12 55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Dalsemer M.D. ADDRESS 1413 Reisterstown Rd. Pikesville DATE SIGNED 4/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation DATE: 4/12/50 NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 4/11/50 REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR Wm. J. Pickerel & Son ADDRESS Balto Md

VS. A15

BURIAL PLACE: funeral director's application for new phs, film G125 4-11-50 L

(2)

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(1)

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03886

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 203 N. Ellwood Avenue ✓

3. NAME OF DECEASED (Type or Print) (First) LOUIS (Middle) R. (Last) WADE, JR.
4. DATE OF DEATH (Month) April (Day) 2, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 6-13-1917
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenace Work ✓
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis Wade
14. MOTHER'S MAIDEN NAME Anna Garey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hospital, Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: APPROX. 36 HRS.

364

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GUILLION BARRE SYNDROME

87b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 3-27-, 1950, to 4-2-, 1950, ~~that I last saw the deceased alive on~~ ~~10~~ ~~and that~~ death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE Hugh McCulloch (Degree or title) MD
HUGH McCULLOCH, M. D.
ADDRESS VAH, FT. HOWARD, MD.
DATE SIGNED 4-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF APRIL 5-'50
NAME OF CEMETERY OR CREMATORY WESTERN CEM. EDMONDSON & LONGWOOD, BALTIMORE MD
LOCATION (City, town, or county) (State) ANN A POLY ADVD

DATE REC'D BY LOCAL REG. April 3-50
REGISTRAR'S SIGNATURE A. W. Hedrych
24. FUNERAL DIRECTOR Harry H Wilson
ADDRESS 4101 EDMONDSON AVE

33699

Evidence for addition of 5,6,7, and change of age shown on:

03887

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 12 APR 13 1950

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Middletown & Cooper Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton
STREET ADDRESS (If rural, give location) Middletown & Cooper Rds.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Virginia (Last) Walker.

4. DATE OF DEATH (Month) April (Day) 2, (Year) 1950

5. SEX Female?
6. COLOR OR RACE White?
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH November 10, 1876
9. AGE last birthday 73 yrs. If under 1 year: Months 4, Days 22; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Balto. Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel S. Tracey
14. MOTHER'S MAIDEN NAME Mary Grimm.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT George M. Walker - Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 Immediate cause (a) Chronic Valvular Heart Disease

92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None — 2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1941, to Apr 2, 1950 that I last saw the deceased alive on Apr 1, 1950, and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE Milner Bortner (Degree or title) M.D. ADDRESS White Hall Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 5, 1950
NAME OF CEMETERY OR ~~CREMATORY~~ Pine Grove E.U.B.
LOCATION (City, town, or county) (State) Parkton, Balto. Co. Md.

DATE REC'D BY LOCAL REG. 4/4/50
REGISTRAR'S SIGNATURE Chester L. Fielton
24. FUNERAL DIRECTOR J. Jacob Hartenstein, New Freedom Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 7 1950
BUREAU V. A.

1829 E. Chase St

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03888

Reg. Dist. No. 44

Baltimore

1. PLACE OF DEATH: COUNTY Sparrow Point MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Steel Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrow Point Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Walter

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1950

5. SEX Male

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 3/6/1905

9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel

11. BIRTHPLACE (State or foreign country) Farmsville Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Woodson Walter

14. MOTHER'S MAIDEN NAME Irene Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Ida MacWalter 1829 E. Chase St

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio Vascular

93d (c) Disease

INTERVAL BETWEEN ONSET AND DEATH — 2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD (Degree or title) Dept Med Examiner ADDRESS Dundalk-22 Md DATE SIGNED 4/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 4/21/50 NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. LOCATION (City, town, or county) (State) Brooklyn A.A. Co. Md

DATE REC'D BY LOCAL REG. 4/21/50 REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Elroy O. Wilson ADDRESS 1000 Brantley Wd

9829

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

03889

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Calvanville
LENGTH OF STAY (in this place) 25 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Ingleside av Salatia Murray Hom

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) Rock Glen Rd

3. NAME OF DECEASED (Type or Print) (First) Leora (Middle) France (Last) Walling
4. DATE OF DEATH (Month) April (Day) 21 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Jany 15 1866
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME — affel
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Ola Spicer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

442 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo M Kieffer (Degree or title) Dep Med Md Ex Ar Balto Co ADDRESS 1010 Leeds Ave DATE SIGNED 4-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr. 24/50
NAME OF CEMETERY OR CREMATORY Loudon Pk.
LOCATION (City, town, or county) Balto. Md (State)

DATE REC'D BY LOCAL REG. 4-22-50
REGISTRAR'S SIGNATURE V E. Harry
24. FUNERAL DIRECTOR Harry H. Witzke, ADDRESS 4101 Edmondson Ave

352

RECEIVED
APR 22 1950
BUREAU V.S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03890

CERTIFICATE OF DEATH

Reg. Dist. No. ~~2~~ 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 6301 Mayflower Road

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) Jacob (Last) Waltman
4. DATE OF DEATH (Month) April (Day) 9 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 15, 1881
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Ret) Mfg. Agent
10b. KIND OF BUSINESS OR INDUSTRY Hardware
11. BIRTHPLACE (State or foreign country) York Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harry B Waltman
14. MOTHER'S MAIDEN NAME Sarah Harman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 Immediate cause	(a) Pulmonary tuberculosis	about
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis 8 to 10 years	8 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1947, to Apr 9, 1950, that I last saw the deceased alive on April 9, 1950, and that death occurred at 8:50 P m., from the causes and on the date stated above.

SIGNATURE W A Bridges (Degree or title) M.D., Supt., ADDRESS Eudowood Sanatorium, Towson, 4, Md. DATE SIGNED 4-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/12/50
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/11/50
REGISTRAR'S SIGNATURE D.W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md.

27809

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03891

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 5 yrs. 3 mos. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 616 Woodbourne Avenue ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ceona	Z.	Watson	April 28 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Female	White	Single	4/10/08	42 yrs.	18	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Auditing Clerk	Baltimore City	Virginia	U.S.

13. FATHER'S NAME: Elmer W. Watson
14. MOTHER'S MAIDEN NAME: Zipporah Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	# No.Unknown	Ceona Z. Watson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Pulmonary Tuberculosis	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No operation		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 31, 1944, to Apr. 28, 1950, that I last saw the deceased alive on Apr. 28, 1950, and that death occurred at 5:55 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	Mt.Wilson, Md.	4/28/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4/30/50	Chincoteague, Va.	Chincoteague, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/28/50	Helen R. Mayer	Wm.Cook,1217 St.Paul St.,Balto., Md.

21098

VS. A15

RECEIVED
MAY 3 1950
BUREAU V.A.

03892

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: House in the Pines, 16 Fusting Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: ~~Baltimore~~

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 616 Cooks Lane
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: James A. Wheatley

3.(b) Social Security Number:

4. Sex: Male

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Jennie Gerber Wheatley

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 27, 1867

8. AGE: Years 83 | Months 1 | Days 24 | If less than one day ..... hrs. ..... min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Sales Manager, Tea & Spice Co.

FATHER
12. Name: Wheatley
13. Birthplace: Unknown

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Robert C. Wheatley

Address: 504 N. Chapelgate Lane

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 24/50 (month) (day) (year)

Cemetery or crematory: Loudon Pk.

Location: Baltimore, Md.

18. Funeral director: Harry H. Wintzke

Address: 4101 Edmondson Ave.

19. 4/22/50 (Date rec'd by registrar) 19 V.E. Harry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21/50 19 ..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 20 April 1950 to 21 April 1950 and that I last saw him alive on 20 April 1950

Immediate cause of death: Pulmonary Edema

Due to: Coronary sclerosis

Due to: Arteriosclerosis

Other conditions: 420.1 94a (Include pregnancy within 3 months of death)

DURATION: years / years

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Robert C. Sheppard M. D. or other

Address: Med. Arts Bldg. Date signed: 21 April 1950

15671

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
APR 22 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03893

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH · COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosemont — LENGTH OF STAY (in this place): 6 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4005 Washington St.	STREET ADDRESS (If rural, give location): 1223 W. Baltimore St.

3. NAME OF DECEASED (Type or Print)	(First) LENA	(Middle) M.	(Last) WHITTINGTON	4. DATE OF DEATH	(Month) 4 -	(Day) 27	(Year) 1950
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced	8. DATE OF BIRTH: Oct. 14, 1888	9. AGE last birthday: 61 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailoring machine operator	10b. KIND OF BUSINESS OR INDUSTRY: Clothing	11. BIRTHPLACE (State or foreign country): West Virginia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John F. Dorsey		14. MOTHER'S MAIDEN NAME: Ida Ramsberg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Clarence W. Whittington - 1223 W. Balto. St.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157x Immediate cause (a) Carcinoma of pancreas — 4 mons

Antecedent cause(s)

46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Mar 20, 1950	19b. MAJOR FINDINGS OF OPERATION: carcinoma of pancreas	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1950, to 4/27, 1950, that I last saw the deceased alive on 4/27, 1950, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Benjamin Miller	Md	2030 Wilkens ave Gil	4306

23. BURIAL, CREMATION REMOVAL (Specify): Buried	DATE: 5-1-50	NAME OF CEMETERY OR CREMATORY: Loudon Park	LOCATION (City, town, or county) (State): Baltimore
DATE REC'D BY LOCAL REG.: May 3 50	REGISTRAR'S SIGNATURE: [illegible]	24. FUNERAL DIRECTOR: George A Farley	ADDRESS: Fulton Ave. & Fayette St.

49606

RECEIVED
MAY 8 1950
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03894

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home in the Pines 16 Fusting Ave.	STREET ADDRESS (If rural, give location): 5462 Frederick Ave.

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) A.	(Last) WIEST	4. DATE OF DEATH	(Month) Apr. (Day) 1, (Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: July 19, 1859	9. AGE last birthday: 90 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk	10b. KIND OF BUSINESS OR INDUSTRY: steamship	11. BIRTHPLACE (State or foreign country): Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Fred A. Weist		14. MOTHER'S MAIDEN NAME: -- Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: no	17. INFORMANT AND ADDRESS: Mr. W. Read Wiest 5462 Frederick Ave.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Insufficiency	1 mo.
Antecedent cause(s) 443 93d — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Hypertensive Cardio-Vascular Disease	15 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1947, to April 1, 1950, that I last saw the deceased alive on March 31, 1950, and that death occurred at 12.30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilmer K. Gallager	M.D.	Catonsville-28, Md.	4-3-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4/4/50	NAME OF CEMETERY OR CREMATORY: Loudon Park	LOCATION (City, town, or county) (State): Balto., Md.
DATE REC'D BY LOCAL REG.: Apr. 2-50	REGISTRAR'S SIGNATURE: A. W. Hedrich	24. FUNERAL DIRECTOR: Wm. J. Tackner & Sons	ADDRESS: Balto Md

26651

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03895

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 608 Highland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 608 Highland Ave.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) ST. JULIEN (Last) WIGFALL

4. DATE OF DEATH: (Month) Apr. (Day) 20, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 30, 1884

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Moris Eckels Co.

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John N. Wigfall

14. MOTHER'S MAIDEN NAME: Elizabeth Peltzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. A. S. Wigfall 608 Highland Ave. Towson 4, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia of Naso Pharynx — Interval Between Onset and Death: appr 9 mos

146 Antecedent cause(s) & metastases

45 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950, to Apr 20, 1950, that I last saw the deceased alive on Apr 20, 1950, and that death occurred at 8 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] 25 W. Pennsylvania Towson 4/21/50

23. BURIAL CREMATION REMOVAL (Specify): Burial

DATE: 4/24/50

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 4/24/50

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: Wm. J. Pickens & Sons

ADDRESS: Balto Md.

27849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03896

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Rural | LENGTH OF STAY (If this place) 9 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Dunkirk Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Baltimore
STREET ADDRESS (If rural, give location) 307 Dunkirk Rd.

3. NAME OF DECEASED (Type or Print) (First) Dolores (Middle) A. (Last) Wilkins

4. DATE OF DEATH (Month) April (Day) 29th. (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4/22/04

9. AGE last birthday 46 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lawrence H. Griffin

14. MOTHER'S MAIDEN NAME Ann L. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Julian C. Wilkins 307 Dunkirk Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure & uremia	3 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
415 x 93 d	(c) Rheumatic cardiovascular disease	15 yrs?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 8, 1950, to Apr 29, 1950, that I last saw the deceased alive on Apr 29, 1950, and that death occurred at 12:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frederick J. Vollmer M.D. | 6100 York Road | Apr 30 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5/2/50 | NAME OF CEMETERY OR CREMATORY New Cathedral | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 5-1-50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR John A. Moran | ADDRESS 3000 E. Baltimore St

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03897

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn Heights
STREET ADDRESS (If rural, give location) Rural ✓

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) (Last) WILCOX II

4. DATE OF DEATH (Month) Apr. (Day) 8 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH about 1868
9. AGE last birthday about 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress + Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Florence Howard Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Caleb Record
14. MOTHER'S MAIDEN NAME Margaret Ann Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Margaret Besbiel 111 Forest Dale Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Arteriosclerotic cardiovascular-renal disease

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE George G. Merrill (Degree or title) MD ADDRESS Spring Grove State Hospital DATE SIGNED 4/8/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE 4/11/50
NAME OF CEMETERY OR ~~CREMATORY~~ Jennings Chapel
LOCATION (City, town, or county) Florence Md. (State)

DATE REC'D BY LOCAL REG. 4/10/50
REGISTRAR'S SIGNATURE A.W. Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. Balto 2 Md ADDRESS

Dm ✓

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

BC 03898

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 5 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location): 1105 Ploy Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HENRY WILLARD			4. DATE OF DEATH (Month) (Day) (Year): April 7, 1950		
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 2-15-1890	9. AGE last birthday: 60 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Washington, D. C.	12. CITIZEN OF WHAT COUNTRY?: USA	
13. FATHER'S NAME: Louis Willard			14. MOTHER'S MAIDEN NAME: Liza Daniefield		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-I		16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIAC DILATATION AND HYPERTROPHY	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aortic Insufficiency	Unknown
	(c) Calcific Aortic Valvulitis	Unknown

421.1

92a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA I attended the deceased from 4-2-, 1950, to 4-7-, 1950, ~~that I last saw the deceased alive on ....., 19...., and that~~ death occurred at 9:05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leon Levine, M.D.		VAH,Ft.Howard, Md.	4-7-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4/12/50	NAME OF CEMETERY OR CREMATORY: Baltimore National	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 4/11/50	REGISTRAR'S SIGNATURE: Dr. Hedrick	24. FUNERAL DIRECTOR: Adolphus Halstead	ADDRESS: Druid Hill Ave.,Balto.Md

DM

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03899

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Hood's Nursing Home, 5313 Edmondson Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 4100 Edmondson Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Emma Grace Wilson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: late Harry G. Wilson
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 25, 1869

8. AGE: Years	Months	Days	If less than one day
80	5	16	hrs. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: Morgan Stotler
13. Birthplace: Unknown

MOTHER
14. Maiden name: Lucretia Harfford
15. Birthplace: Unknown

16. Informant: Mrs. George Edward Wells
Address: 4100 Edmondson Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 13/50 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Cumberland, Md.

18. Funeral director: Harry A. Mentzer
Address: 4101 Edmondson Ave.

19. 4/12/50 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11/50 19 at 1.30 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 2/ to April 11 19 50 and that I last saw her alive on April 11, 1950 19

Immediate cause of death	DURATION
Cardiac failure	3 days
Due to: Edema of lungs	3 days
Due to: Ch. nephritis	10 yrs
Other conditions: Hypertension	10 yrs.

5928
131.6
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. E. Wells M. D. or other
Address: 4100 Edmondson Ave. Date signed: 4/11/50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9.43-15M

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN ZYPSKI

2. DATE OF DEATH: April 15, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Infirmary
Maryland Training School for Boys

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Towson Lock Raven
D. STREET ADDRESS (If rural, give location): No regular address
Maryland Training School for Boys

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	Single	Nov. 22, 1931	18	—	—	—	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School boy

10B. KIND OF BUSINESS OR INDUSTRY: In High School

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT ADDRESS: Md. Training School Records - Towson, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Epi dural Hemorrhage
DUE TO

983 x ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

168
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [x] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [x] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): School

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Lock Raven Blvd. Towson Maryland Training School for Boys

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 14, 1950 5 p.m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [x]

21F. HOW DID INJURY OCCUR? during altercation
Struck on head with 5 lb. lead weight

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [x], undetermined [ ].*

23A. SIGNATURE: H. J. McClafferty M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [x] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: April 15, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 17, 1950

24C. NAME OF CEMETERY OR CREMATORY: Md. Training School Cem.

24D. LOCATION (City, town, or county) (State): Lock Raven, Towson, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 4/19/50

REGISTRAR'S SIGNATURE: H. W. Hedrick

25. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Md.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15